

# ULTIMATE CHEER LUBBOCK REGISTRATION & RELEASE FORM

## ATHLETE INFORMATION

Athlete Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M F Athlete Phone: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

Medical Conditions: Please list any and all physical disabilities, chronic ailments, psychological disabilities, and allergies for athlete: \_\_\_\_\_

## FAMILY INFORMATION

1<sup>st</sup> Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? (Circle one) Facebook/Website Walk-In Referral \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I fully understand that Ultimate Cheer Lubbock, LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Ultimate staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Ultimate staff to seek medical help, including transportation by an Ultimate staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Ultimate staff deem this to be necessary. We also authorize the physician and/or hospital to perform treatment to any illness or injury to my/our child. I/We authorize payment for treatment, either personally or through our family health Insurance Provider.

We, the staff of Ultimate, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sort of gymnastics, tumbling, cheerleading, dance, and all other activities. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, cheerleading, dance, and all other activities affiliated with Ultimate can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and all Ultimate staffs' instructions.

Ultimate, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, dance instruction, or open workouts or in the case of any exhibition, competition, special event, open gym, or camp/clinic in which he or she may participate in or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Ultimate. I, my executors, or other representatives, waive and release all rights and claims for damages that I, or my child may have against Ultimate, and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents'/guardians' responsibility to warn the child about the dangers of gymnastics, tumbling, cheerleading, dance, and all other activities associated with Ultimate and the potential for injury. The parents should warn the child(ren) according to what the parent feels appropriate. Ultimate will only warn the child through "Safety Rules" and our coaching style and progressions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_