



# PRIDE CHEER GYM REGISTRATION / WAIVER (p1 of 2, over)

DATE: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Alternate# \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_ Current Grade \_\_\_\_

School Attending: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Waiver & Release

I give my child \_\_\_\_\_ permission to participate in all activities with PRIDE CHEER GYM LLC and BIANCO SCHOOL OF BASEBALL. He/she has permission to participate in all its actions, such as but not limited to, classes, instruction, practices, practice equipment, camps, play, parties, functions, trips, and/or team competitions. Since this is a physical activity, I am advised to consult a physician, or state that he/she is physically capable of participating in this activity. Cheerleading, gymnastics and related activities are treated as a sport and will include strenuous physical activities such as tumbling, jumps, partner stunting, pyramid building, dancing and conditioning leading up to these skills. While safety is the first priority of this program and its staff, I am aware that risks are involved including injuries (minimal, serious, catastrophic and/or death); serious neck and spinal injuries; serious injury to bones, joints and muscles; or aggravation to an existing condition can result. I assume all risks of any such injuries or aggravation of any such condition that could occur and I assume full responsibility for my child's participation. I hereby waive and release forever PRIDE CHEER GYM LLC and BIANCO SCHOOL OF BASEBALL and its employees, agents, subcontractors, other program participants, sponsoring agents, advertisers, and if applicable, any owners and lessors of premises used to conduct PRIDE CHEER GYM LLC programs, from any and all claims for injuries which may arise as a result of participating in this program.

Initial  \_\_\_\_\_ I also give authorization for medical treatment or hospitalization of my child in case of any accident or illness that may arise if a parent or emergency contact cannot be reached.

Initial  \_\_\_\_\_ I also permit use of any photos, videos, or images of my child's likeness to be used in conjunction with my child's involvement with this activity as may happen with team or gym marketing, ads, websites, publicity or the like.

\_\_\_\_\_ Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
**ACTIVITIES, check all of interest:**  All Star Cheer  School event  Party  
 Camp/Clinic  Tumbling Class  Private Lessons  APEX other: \_\_\_\_\_

**SHIRT SIZE:** Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

# PRIDE CHEER GYM

## MEDICAL HISTORY AND MEDICAL RELEASE (p2 of 2, over)

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Contact & Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**History:** Does this child have any previous injuries, orthopedic limitations, or special medical conditions that could limit participation or that we should be aware of? If so, please share so that we can service your child the best and safest way possible:

\_\_\_\_\_  
\_\_\_\_\_

**List any or all allergies** (including to medication):

\_\_\_ Bee Stings \_\_\_ Nuts (type: \_\_\_\_\_) \_\_\_ Poison Ivy/Oak \_\_\_ Other: \_\_\_\_\_

**List any prescription drugs** that the child is taking that we should be aware of:

\_\_\_\_\_

**Non-Prescription Drugs:** My child may be given non-prescription, over the counter medications only for emergencies. Examples: Tylenol, Advil, antacids, etc. \_\_\_\_\_ YES \_\_\_\_\_ NO

## MEDICAL INSURANCE INFORMATION

The undersigned certifies that medical insurance covers the student while he/she participates in activities at Pride Cheer Gym LLC.

Insurance Company Name \_\_\_\_\_ Policy \_\_\_\_\_

Insurance Address \_\_\_\_\_

Name of Policy Subscriber \_\_\_\_\_

I certify that the above medical information is correct and current and will provide updates when they occur.

X \_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date