## **Cheers Rec Team Program Agreement**

Athletes Name:	
Birth date:	Age (as of 8-31-2020)
Parents/Guardians:	
Address:	
City/State/Zip:	
Athletes Cell Phone:	
Mothers Cell:	Fathers Cell:
Students Email:	
Parents Email:	
Family Dr/Phone Number: _	
Insurance Company:	
Policy Number:	
Hospital Preference:	
Physical/Medical Condition	5:
Medications:	

I hereby represent that I am the parent/legal guardian of \_\_\_\_\_(the athlete).

By signing this agreement, I (parent/guardian) agree to pay all the charges involved in this sport to CHEERS. I understand my financial obligation is from April 1, 2020-March 31, 2021. If my child chooses to quit CHEERS before the end of the 2020-2021 season there will be no refunds given and you will be assessed a \$500 quitters fee.

I hereby acknowledge that I am familiar with the physical and otherwise, athletic nature of cheerleading and all activities related thereto, including w/out limitations: jumping, tumbling, building of partner stunts and pyramids, dancing and other activities related thereto ("Cheerleading activities), and in connection with the athletes acceptance as an athlete or member of CHEERS, the Athlete will be participating in Cheerleading Activities during classes, practices, performances and competitions, in a variety of locations, settings and venues.

In consideration of the acceptance of the Athlete as an athlete of member of CHEERS, in my capacity as the parent/guardian of the Athlete, I on behalf of myself and the Athlete, hereby consent to participate in the Cheerleading Activities and hereby release and hold harmless, CHEERS, it's principles, partners, members, managers, employees, officers, contractors, consultants, advisors, volunteers and agents from any and all actions, causes of action, damages, liabilities and claims, relating to or in connection with the Athlete's participation in Cheerleading Activities, including without limitations, actions, causes of action, damages, liabilities and claims relating to bodily injury.

Furthermore, I give my consent and authorize the coaches and or staff to obtain medical attention for my child in the event that my son/daughter is injured or becomes ill in the course of any team activity. I understand that neither CHEERS nor the coaches/representatives are financially responsible for any injury that may occur at any CHEERS activity or practice.

I hereby represent that the Athlete is in good health and physically able to participate in Cheerleading Activities and that the Athlete is and will continue to be covered by sufficient insurance to cover costs and expenses of injuries the occurrence of which are reasonably foreseeable from the Athlete's participation in Cheerleading Activities.

Executed this	_day of	, 20	by	
				Signature parent/guardian
Emergency Con	tact:			
Primary Contac	t:			
Phone number:				
Secondary Cont	act:			
Phone number:				