Cheers All Star/Rec Team Program Agreement

Athletes Name:

Birth Date: We MUST have the year:	
Parents/Guardians:	
Address:	
City/State/Zip:	
Mothers Cell: Fathers Cell:	
Parents email:	_
Family Dr/Phone #:	_
Insurance Company: Policy #:	
Hospital Preference:	
Physical/Medical Conditions:	
Medications/Allergies:	
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, 2023- March 31, 2024. If my child chooses to quit Cheers before the end of the 2023-2024 season there will be no refund give and I 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 the activities related thereto, including without limitations: jumping, tumbling, building of stunts and pyramids, dancing and other activities related thereto 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 or 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 principals, partners, members, managers, employees, officers, contractors, advisors, volunteers and agents from any and all actions, causes of action, damages, liabilities and claims, relating to or in connection with the Athletes 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/re injury that may occur at any Cheers activity or practice.	
	th and physically able to participate in Cheerleading to be covered by sufficient insurance to cover costs are reasonably foreseeable from the Athletes
Executed this day of	, 20by Signature parent/guardian
Emergency Contact other than parents or guardian Name: Phone number:	
Phone number:	