

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, 2024- March 31, 2025. If my child chooses to quit Cheers before the end of the 2024-2025 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/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 Athletes participation in Cheerleading activities.

Executed this _____ day of _____, 20____ by _____

Signature parent/guardian

Emergency Contact other than parents or guardian listed on previous page:

Name: _____

Phone number: _____

Athlete Tee Shirt size (circle one)	YS	YM	YL	AS	AM	AL	AXL
Athlete sweatshirt size (circle one)	YS	YM	YL	AS	AM	AL	AXL