Cheers All Star/Rec/Prep Team Program Agreement 2025-2025-Season 31

Athletes Name:	
Birth Date: We Must have the year:	
Parents/Guardians Name:	
Address:	
City/State/Zip:	
Mothers Cell: Fathers Cell:	
Parents email:	
Family Dr/Phone:	
Insurance Company:Policy #:	
Hospital Preference:	
Physical/Medical Conditions:	-
Medications/Allergies:	_
*if your child is diabetic and requires juice or snacks please provide those. We are happy	to store them!
I hereby represent that I am the parent/legal guardian of	(athlete)
By signing this agreement, I (parent/guardian) agree to pay all the charges is sport to CHEERS. I understand my financial obligation is from April 1, 2025 2026. If my child chooses to quit Cheers before the end of the 2025-2026 will be issued for any money paid and I will be assessed a \$500 quitters fee	5- March 31, season, no refund

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, its 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 not 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 of parent/guardian
Emergency contact other	than parent/guardian	listed on pi	revious page:
Name:			
Phone Number:			

Athlete tee shirt size (circle one) YS YM YL YXL(if available) AS AM AL AXL

Athlete sweatshirt size (circle one) YS YM YL YXL (if available) AS AM AL AXL