



## GYMCHEER USA, Inc. & CALIFORNIA FLYERS REGISTRATION FORM

How did you hear about us? \_\_\_\_\_ Date: \_\_\_\_\_

### PARTICIPANT INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

School now attending \_\_\_\_\_ Grade \_\_\_\_\_

### PERSON TO CONTACT IN CASE OF EMERGENCY:

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check if same as above E-mail \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check if same as above E-mail \_\_\_\_\_

Other (if unable to reach parent) \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Name & Address of Regular Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please list allergies or any other medical condition that we should know about:

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**PLEASE SIGN ON REVERSE SIDE**

# **GYMCHEER USA, Inc. & CALIFORNIA FLYERS**

## **RELEASE OF LIABILITY**

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses including negligence or fault of "Releases" named below, associated with participation in any and all Cheerleading or other activities and events, including but not limited to, dance, gymnastics, tumbling, stunts, pyramids, a Cirque Experience, and other types of movement, including but not limited to, use of all apparatus. I agree that Gymcheer USA, Inc., and the sponsors of any Gymcheer USA, Inc. event, along with the employees, agents, officers, directors, representatives, guest officials, spectators, volunteers, and next of kin shall not be liable for any and all, including but not limited to, death or damage to property or person(s), losses or damages occurring as a result of my/my child's/my ward's participation in and travel to or from any event or activity. Any other representatives and I waive and release all rights and claims to sue for damages that my child, ward, or I may have against the staff or representatives of Gymcheer USA, Inc./California Flyers, and Cirque Experience and recognize that their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I waive any and all rights and compensation, in any form, for pictures, films, digital recordings, or video representation of any kind taken or produced of me, my child, ward, or our likeness in the above activities and grant permission for them to be used for any publicity or publication process.

**I HAVE READ THE RELEASE OF LIABILITY AND AM FULLY AWARE OF THE RISK INVOLVED WITH PARTICIPATION IN CHEERLEADING ACTIVITIES. BY SIGNING, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS, AND AGREE TO THE ABOVE.**

**PARENT SIGNATURE (IF A MINOR)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **PERMISSION TO TREAT**

I hereby give consent to the staff to render temporary first aid to myself/my child in the event of an injury or illness, and if necessary to seek appropriate medical attention.

**PARENT SIGNATURE (IF A MINOR)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARTICIPANT SIGNATURE (18 OR OLDER)** \_\_\_\_\_ **DATE** \_\_\_\_\_