\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes First Name Athletes Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State, and Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email

DESCRIBE ANY MEDICAL PROBLEMS OR INJURIES:

Please list to who the participant may be released in case of emergency and the parent can not be reached:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program?

* + Social Media
	+ Flyer in School
	+ CA Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of athlete who referred you)
	+ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment / Publicity / Liability Release:

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in California All Star Cheerleading, Inc. at their own risk and will not hold California All Star Cheerleading Inc., employees, and/or instructors liable for any and all injuries that may occur while participating in the cheerleading. The undersigned does hereby grant California All Stars and its successors, the unrestricted right to use the undersigned’s name, likeness, or appearance on any cheerleading or dance camp posters, calendars, photographs, try-out flyers, video material, film material, computer software, computer hardware, electronic on-line services, or other similar promotional material in any form, content or medium to promote or market California All Star Cheerleading, Inc. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by California All Star Cheerleading, Inc. of the undersigned’s name, likeness or appearance.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_