



Membership/Insurance Form

Printed Name of Participant: _____ DOB: _____ Age: _____

Street Address: _____ City/State: _____ Zip Code: _____ Phone: _____

Date _____ E-mail Address _____

Select all of the programs your child is involved in check all that apply:

Classes _____ Mania Lite Team(s) _____ CheerMania Prep/Elite Teams Full Year _____ Private Lessons _____

CheerMania Prep/Novice Teams Half Year _____ Cheernastics _____ Camp/Clinic _____ Birthday Party: _____

Liability Release and Acknowledgement of Risk

I understand and acknowledge that the activity that my child is about to engage in poses known risks which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or third parties. The following describe some but not all of those risks:

Cheerleading, gymnastics, and stunting entail certain risk, which simply can not be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading/tumbling athletes would not improve their skills, and the enjoyment of the sport would be diminished. Cheerleading/gymnastics expose its participants to usual risk of cuts, bruises, and other more serious injury risks. If your child is injured, they may require medical assistance at your own expense.

I expressly agree and promise to accept and assume all of its risks in this activity. My child's participation in this activity is purely voluntary, and we elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify CheerMania, from any and all liability, claims, demands, actions, or right of action, which are related to, arise out of, or are in any way connected with my child's participation in this activity, including those allegedly attributable to the negligent acts or omission of CheerMania.

I certify that my child has health, accident and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in this event, or else I agree to bear the costs of such injury or damage to my child. I further certify that my child have no medical condition which could interfere with my child's safety in this activity, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition.

In the event of an emergency needing medical attention, I hereby consent and give permission to CheerMania, its instructors and its agents to make such decisions regarding the treatment of injuries which may in their sole discretion be necessary and proper under the circumstances. In the event that any pictures or video are taken, I give CheerMania, the right and permission to use pictures/videos for advertisements or promotional purpose.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CheerMania,, its owners and instructors on the basis of my claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read completely and understand it, and agree to be bound by its terms.

Emergency Medical Care Authorization:

In the event the Participant should become injured or ill while involved in an activity associated with CheerMania, we hereby authorize CheerMania, and its agents to arrange for whatever emergency care is deemed necessary and reasonable at the time, including transportation to a local Emergency Department. We also agree to be solely responsible for all expenses and cost related to such emergency treatment and agree to indemnify CheerMania, for any expenses or costs it may incur in such treatment.

Printed Name of Parent: _____ Date: _____

Signature of Parent or Legal Guardian

List 1 emergency contact name and cell phone _____

List any medical conditions we should be aware of: _____