

CHEERZ CHEERLEADING ACADEMY, Inc.

Team Name:

Allstarz Registration Form

Participant's Name _____ School _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Age _____ Grade _____ Birthdate ____/____/____

Insurance Co. _____ Policy # _____

Mother's Name _____ Mother's SSN _____

Place of Employment _____ Mother's Cell # _____

Mother's Wk # _____ Child's Cell # _____

Father's Name _____ Father's SSN _____

Father's Cell # _____ Father's Place of Employment _____

Father's Wk # _____

Parent's Email _____

Child's Email _____

Relative in case of emergency _____ Phone # _____

I, _____, give my child, _____, permission to participate in Cheerz Cheerleading Academy's Allstarz program. I understand that cheerleading involves intense physical activity and the chance of injury does exist. My child is in good health & capable of participating in this type of activity. I release and agree to hold harmless the Cheerz Cheerleading Academy and it's staff from any liability whatsoever. In case of emergency, I give Cheerz and its staff permission to call for medical attention.

I understand that tuition is due in full by the 1st class of the month. I understand full tuition for August - May is to be paid regardless of attendance or withdrawal from the program. Should this account default, it will be turned over to the Credit Bureau.

Signature _____

Date _____