

# CHEERZ CHEERLEADING ACADEMY, Inc.

1739 LaNeuville road  
LAFAYETTE, LA. 70508

(337) 857-2946

[www.CheerzAcademy.com](http://www.CheerzAcademy.com)

## PARTICIPANT INFORMATION

School name \_\_\_\_\_

Participant's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_

Mother's name \_\_\_\_\_ Work # \_\_\_\_\_

Father's name \_\_\_\_\_ Work # \_\_\_\_\_

Emergency phone # \_\_\_\_\_

Insurance provider \_\_\_\_\_

Preferred hospital (Lafayette area) \_\_\_\_\_

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In case of an emergency, I \_\_\_\_\_ hereby release Cheerz Cheerleading Academy, Inc. to call for medical assistance if parents or guardians are unable to be contacted.

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in CHEERZ CHEERLEADING ACADEMY Inc.'s program. I understand that cheerleading involves intense activity and the chance of injury does exist. My child is in good health and capable of participating in this type of activity. Upon acceptance into the program, I release and agree to hold harmless the CHEERZ CHEERLEADING ACADEMY Inc. and it's staff from any liability whatsoever.

\_\_\_\_\_ Date \_\_\_\_\_