



CHEER EXTREME

Registration Form

Participant's Name: _____ Date of Birth: _____

School & Grade: _____ Age: _____

Parent's Name: _____

Mother's Employer/Occupation: _____

Father's Employer/Occupation: _____

Home Address: _____

Home Phone: _____ Additional/Cell: _____

E-Mail address: _____

Does your child have any allergies or medical conditions?

WAIVER AND RELEASE

I am fully aware of the risk of injury associated with the participation in cheerleading and tumbling. I agree that the instructors and coach shall not be liable for any injury as a result of participation in cheerleading, dance and tumbling. In the event of an accident, I will not hold or sue Karen Short or Cheer Extreme.

This is to certify that _____ has my permission to participate in cheerleading, dance and tumbling.

Signature of Parent/Guardian

Date