

## STARS REGISTRATION FORM



### REGISTRATION DETAILS

Athlete's First Name: ..... Athlete's Last Name: .....  
Date of Birth: ..... Grade Level for School Year: .....  
Athlete's Sex: FEMALE MALE Medical Conditions/Allergies: .....  
Address: .....  
City : ..... State: ..... Zip Code: .....  
Phone: .....  
Email: .....

Mr. Ms. Sir Madam

Parent/Guardian First Name: ..... Last Name: .....  
Address: .....  
City: ..... State: ..... Zip Code: .....  
Phone: ..... Alternate Number: .....  
Email: .....  
Emergency Contact: YES NO

Mr. Ms. Sir Madam

Parent/Guardian First Name: ..... Last Name: .....  
Address: .....  
City: ..... State: ..... Zip Code: .....  
Phone: ..... Alternate Number: .....  
Email: .....  
Emergency Contact: YES NO

### RECREATIONAL CHEER FEES

To be eligible to participate in Hurricane Cheer Athletics tumbling program, all athletes must pay the following fees monthly and by the 1st of each month. Any fees given after the first of the month will result in the termination of services.

<b>New Member Fee*</b>	\$25.00
<b>Monthly Program Fee</b>	\$50.00
<b>Practice Wear, Bow, and Shoes</b>	\$95.00
<b>Uniform</b>	\$75.00
<b>Competition &amp; Performance Fee</b>	\$100.00
<b>Cheer Bag (Optional)</b>	\$25.00

# RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INJURY POLICY

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In consideration of participating in HURRICANE CHEER ATHLETICS tumbling program, I represent that I (we) understand that injury can occur in the sport of cheer and by participating in this sport I (we) accept responsibility for this and hereby release and discharge any and all possible claims and causes of action for personal injuries and/or medical expenses, pain and suffering, and all other claims against Hurricane Cheer Athletics, its instructors, employees, officers, directors or any other individuals employed by or acting on behalf of Hurricane Cheer Athletics. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur because of my participation in the All-Star tumbling program.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

If an athlete is injured at home or during other extra-curricular activities, we ask that you please notify us as soon as possible. Please do not leave messages of this nature on our social media message service. You should call to relay the necessary information to the coaches. A doctor's note will be required and the athlete will not be allowed to resume training until they received a full release without restrictions. Make-up class are not offered if any classes are missed while the athlete is injured.

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Signature

Date

# DATA PROTECTION STATEMENT

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*By filling out the registration form, the participant gives consent that HURRICANE CHEER ATHLETICS can process the data provided within the framework of the tryouts. This includes, unless registered participants object, all handling needed for the applicant's participation at the event and for the drafting of a list of participants which will be distributed to Hurricane Cheer Athletics staff.*

# EMERGENCY MEDICAL TREATMENT STATEMENT

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I, the parent/guardian of \_\_\_\_\_, give permission to Hurricane Cheer Athletics staff and any medical team to seek emergency medical attention for my child or to transport my child for emergency medical treatment if my emergency contact or I cannot be reached.

Telephone Numbers:

Day: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_