



Students Name: _____ M/F
Date of Birth: _____ Age _____ Parent/Guardian's Name: _____
Home Phone #: _____ Cell Phone#: _____
Street Address: _____
City: _____ State: _____ Zip: _____
***Email: _____

Emergency Info /Emergency Contact

Name: _____ Phone#: _____
Relationship: _____
Existing Medical Conditions: _____
Previous Injuries/Illness: _____
Regular Medications: _____
Primary Medical Insurance: _____

Acknowledgment of Risk and Liability Waiver

As legal guardian of _____, I hereby consent to the aforementioned person participating in any Zodiacs All-Star Cheerleading program. I recognize the potentially sever injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics, and related activities including tumbling and trampoline. I understand that it is the express intent of Zodiacs Athletics to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Zodiacs Athletics, its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Zodiacs Athletics.

As legal Guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Zodiacs All-Star Cheerleading and/or Zodiacs Athletics.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature Date

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

_____ Parent or Legal Guardian Signature Date