



Registration & Waiver Form

PLEASE READ ALL OF THIS AGREEMENT BEFORE REGISTERING

Date:_____

How did you hear about Gladiator Allstar Cheer? _____

Athletes Name: _____ Birthdate:_____

Mother's (Guardian) Name:_____ Phone:_____

Father's (Guardian) Name:_____ Phone:_____

Athletes Primary Address:_____

City:_____ State:_____ Zip:_____

Mother's Email:_____ Father's Email:_____

Previous Cheerleading, Tumbling, Dance experience:_____

In Case of Emergency please contact (Person other than parents listed above):

1) Name:_____ Relationship:_____

Phone: _____ Cell Phone: _____

2) Name:_____ Relationship:_____

Phone: _____ Cell Phone: _____

Insurance Company Name:_____

Group Name:_____ Policy holder:_____

Policy #:_____ Relationship to Athlete:_____

Special Medical Conditions: (Allergies, Previous broken bones, etc):_____

☐ Please check here if the participant is **NOT** covered under an insurance policy. Please be aware that all bills will be sent directly to the parent or legal guardian

MEDICAL RELEASE: I fully understand the staff at Gladiator Allstar Cheer are not physicians or medical practitioners of any kind. With that in mind, I hereby release Gladiator Allstar Cheer to render first aid to my athlete in the event of an injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred from training, competition, or participation in activities with Gladiator Allstar Cheer. I further understand that my child or family members may be exposed to Covid 19 while participating in an activity and agree to assume all risk and agree to hold the owner, coaches & Gladiator Allstar Cheer harmless.

VIGOROUS ACTIVITY: The Practices, performances and competitions the athlete will be participating in will involve athletic activity and may include stunts, jumps, tumbling, and dance. Due to the nature of the activity you should be aware of the possibilities of physical illness or injury (minimal, serious, or catastrophic) and that the Athlete is assuming the risk of such illness or injury by participating.

SAFETY: I understand I am responsible for my athletes, siblings, family members, guest and my behavior and safety while on the Gladiator Allstar Cheer premises, including gym area, parking lot, bathroom, waiting area, etc.

TUITION AND FEES: I understand all payments are due the first day of the month, no later than the 5th.. There will be a \$30 fee for all late, returned NSF payments. Unpaid balances are subject to collection agency and related costs.

PRIVATE LESSONS: fees are due at the beginning of each lesson and based on coaches fees.

REGISTRATION FEES: \$35 non refundable fee is payable the date of enrollment. Due annually July 1.

MISSED CLASSES: There are no refunds, credits, or prorated of fees for missed days, holidays, or class withdrawal or dismissal

MEDIA RELEASE: I give permission to Gladiator Allstar Cheer and its designees to photograph, videotape and/or audio tape the athlete during any Gladiator Allstar Cheer activity. I further give permission for such photographs, videotapes and/or audiotapes to be used in print or broadcast media, including social media as deemed appropriate for the promotion of any Gladiator All Star Cheer activities

LIABILITY RELEASE INFORMATION, ASSUMPTION OF RISK, COMMITMENT: I, the undersigned parent or guardian, do hereby grant permission for my athlete, whose name is listed on this registration, and hereinafter, shall be referred to as "Athlete", to participate in practices, competitions, and any and all activities offered by Gladiator Allstar Cheer. In order that Athlete may receive the necessary medical treatment in the event of an injury or illness. I hereby authorize Gladiator Allstar Cheer staff to obtain medical treatment for the athlete for such injury or illness, and I hereby hold the owner and Gladiator Allstar Cheer, any agent, employee, or any representative of Gladiator Allstar Cheer harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in these practices, classes, competitions and any and all other activities offered by Gladiator Allstar Cheer there is a possibility of physical injury (minimal, serious or catastrophic) or illness, including contracting covid 19, and that athlete is assuming the risk of such injury or illness by participating. I further acknowledge and understand that my athlete is assuming the risk of such physical injury or illness. Therefore in consideration of participating in practices, competitions and any and all other activities offered at Gladiator Allstar Cheer, I, my heirs and assigns, spouse, athlete, next of kin, and all others acting on my behalf, agree to indemnify and hold harmless the owner, Gladiator Allstar Cheer, any agent, employee, or any representative of Gladiator Allstar Cheer, from any and all liability, loss, damage, or claims arising from injury or illness incurred by Athlete during the course of participating in practices, competitions and any and all other activities offered by Gladiator Allstar Cheer. Including reasonable attorney's fees resulting from claims, cause of action, demands and cost of judgment.

PARENT/GUARDIAN SIGNATURE

DATE

ATHLETE'S SIGNATURE

DATE