

2021 Registration

Participant Information

First Name:	Last Name:					
Date of Birth:	Grade (fall 2021):			Gender:		
Cheer Experience: ☐ yes ☐ no	Tumbling Experience: \Box yes \Box			Dance Experience: ☐ yes ☐ no		
If yes how long:	If yes how	long:		If yes h	ow long:	
Contact Information						
Parent/Guardian Name:						
Address:						
City:		St	ate:		Zip:	
Phone: Email address:						
2 nd Parent/Guardian Name:						
Address:						
City:	State:				Zip:	
Phone:	Phone: Email address:					
Emergency Contact Name:				Phone:		
Emergency Contact Name:				Phone:		
Medical Information						
Any Medical concern we need to be av	If Yes, Please Explain:					
☐ yes ☐ no			·			
Any Allergies:	If Yes, Please Explain:					
\square yes \square no						
Physician's Name:	Physician's phone:					
Insurance Company:	ance Company: Card H				Policy #:	
Medical Release: If it appears that medical treat	mont chould	l ho nococcary du	o to an assid	ont wo will atta	mpt to contact the emergency conta	nct.
listed. If we cannot get in touch with the emerge						ICL
Velocity Cheer to secure medical treatment for _	•				at may arise while he/ she is on the I	Max
Velocity Cheer's premises or in attendance at an associated event, competition or trip.						
Parent/Guardian signature Date						

Max Velocity Cheer Waiver and Release of Liability

	my minor child/ ward ("My Child"), being allowed to participate ts, competitions, and activities, the undersigned acknowledges,
and, as such, pose a significant risk of injury. Gymnastic	ctivities involving height and rotation in a unique environment s/ cheerleading and related activities always involve certain risks, nal injuries and serious injuries to bones, joints and muscles. The nd coaches but will never be eliminated.
	ely assume all such risks, both known and unknown, and even if and assume full responsibility for My Child's participation.
n Max Velocity Cheer programs. If I observe any unusua	standards and customary terms and conditions for participation al and significant concern in My Child's readiness for participation emove My Child from participation and bring such issue to the immediately.
HEREBY RELEASE MAX VELOCITY CHEER, IT'S EMPLOYEE SUBCONTRACTORS, AND OTHER PROGRAM PARTICIPAN APPLICABLE, OWNERS AND LESSORS OR PREMISES USED with respect to any and all injury, disability, death or los	our heirs, assigns, personal representatives and next of kin, is, TEACHERS, COACHES, VOLUNTEERS, AGENTS, NTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF TO CONDUCT MAX VELOCITY CHEER PROGRAMS ("Releases"), as or damage to personal property incident to My Child's grams, whether arising from the negligence of the Releases or
HEREBY INDEMNIFY AND HOLD HARMLESS AND CONVE	y/ our heirs, assigns, personal representatives and next of kin, NANT NOT TO SUE all above Releases, from any and all liabilities ty Cheer programs, even if arising from the negligence of
VOLUNTARILY.	BILITY, FULLY UNDERSTAND ITS TERMS, AND SIGN IT otograph to be used at any time for marketing and promotional
Parent/Guardian signature	Date

