



## ZCA Annual Registration Form

<b>Athlete's Name</b>				<b>Athlete's Cell Phone:</b>	
<b>D.O.B.</b>				<b>Age:</b>	
<b>Home Address</b>					
<b>Billing Address</b>					
<b>Athlete Gender</b>	<b>MALE</b>		<b>FEMALE</b>		
<b>Mothers Name</b>				<b>Mother's Cell</b>	
<b>Fathers Name</b>				<b>Father's Cell</b>	
<b>Email Address</b>					
<b>EMERGENCY Contact</b>					
<b>Medical Conditions/ Allergies</b>					
<b>Insurance Information</b> <small>PLEASE PROVIDE COPY OF CARD</small>		<b>Company</b>	<b>Name of Insured</b>	<b>Group Number</b>	<b>Policy Number</b>
<b>Do you participate in any extra-circular activities?</b>	<b>YES</b> If yes, please list conflicting dates?		<b>NO</b>		
	If you participate in school cheer, will you be competing?				
<b>Current level of tumbling:</b>	1	2	3	4	5
					6

ALL-STAR \$170 PER MONTH

NOVICE/SHOW TEAM \$150/MONTH

STRETCH CLASS FREE FOR ALL CHEER TEAM ATHLETES

**ZACHARY CHEER ACADEMY WAIVER**

**ZACHARY CHEER ATHLETICS WAIVER**

DISCLAIMER: ZCA is not responsible for any injury to any person while participating in open gym, class, tumbling, competition practice, or in any activity a participant is participating in at ZCA including ordinary negligence on the part of ZCA owners, staff, employees, or any coach involved.

I hereby release, acquit, covenant not to sue, and forever discharge ZCA, its owners, staff, employees, sponsors, coaches, and any lesser of the facility within which the activity is conducted, from any and all action, claims, demands, liability, losses, or damages, of whatever nature, including by not limited to those arising from or in any way related to the negligence of any of the release parties, that arise out of or in any way connected to the participant's participation in the activity at ZCA.

\_\_\_\_\_ sign \_\_\_\_\_ date

CONSENT TO TREAT: I authorize ZCA to provide the participant, through medical personnel of its choice, customary medical assistance and emergency medical assistance should the participant require such assistance, transportation, or services as a result of an injury related to the participation of an activity at ZCA. If the participant's parent is not present, efforts will be made to contact the parent before treatment is given.

\_\_\_\_\_ sign \_\_\_\_\_ date

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK: I understand that the activity, class, practice, tumbling, stunting, and cheer class involves risk of serious injury. I fully accept and assume all such risks and responsibility for losses, cost, and damages that may result from the activity. I have read the disclaimer, consent to treat, and acknowledge all assumption of risk waiver. I understand by signing this document, I am giving up substantial rights. I am executing this document voluntarily and with full knowledge of its significance.

Parent name \_\_\_\_\_ Date \_\_\_\_\_

Participant name \_\_\_\_\_ Date \_\_\_\_\_

Witness: Jessica Stott \_\_\_\_\_ Date: \_\_\_\_\_

I authorize "ZCA" to use photographs, video, and /or other likenesses of my child for use in its promotional materials or sales and waive any right of compensation or ownership thereto.

Parent name \_\_\_\_\_ Date \_\_\_\_\_

Participant name \_\_\_\_\_ Date \_\_\_\_\_