

# Southside Spirit

## REGISTRATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
BIRTHDAY: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
FATHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
MOTHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SPECIAL PROBLEMS/PAST INJURIES/SURGERIES: \_\_\_\_\_

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### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

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As legal guardian of \_\_\_\_\_, I hereby provide my consent for their participation in the South Side Spirit Cheer and Dance, LLC, programs. I acknowledge that activities involving height and motion, including but not limited to tumbling, stunting, and cheerleading, inherently carry a risk of serious injury.

I understand that South Side Spirit Cheer and Dance, LLC, is committed to ensuring the safety and well-being of its participants. In consideration of my child's participation in these activities, I hereby release and discharge South Side Spirit Cheer and Dance, LLC, including its owners, employees, instructors, and coaches, from any and all liability for injuries or damages sustained by my child while under their instruction, supervision, or control.

Furthermore, I accept full responsibility for any future medical expenses that may arise due to injuries sustained by my child while training, competing, or performing under the auspices of South Side Spirit Cheer and Dance, LLC.

In the event of a medical emergency, I authorize the staff of South Side Spirit Cheer and Dance, LLC, to administer first aid and, if necessary, to transport my child to a medical facility for further treatment.

I have carefully read and fully understood this acknowledgment of risk and waiver of liability. I voluntarily agree to its terms and acknowledge its legal implications.

PARENT/LEGAL GUARDIAN TO CONSENT \_\_\_\_\_ DATE \_\_\_\_\_