

EAST CELEBRITY ELITE REGISTRATION FORM

Child's Name _____ Birth _____ Date _____

Home Address _____

Phone# _____

City, Town, State,

Zip _____

E-Mail Address (Parent) _____ 2nd

Email _____

Mother's Name _____

Cell# _____

Father's Name _____

Cell# _____

Child's Cell # _____ Grade In

September _____

Age as August 31st of this

year _____

Allergies _____ Medications _____

Any other medical conditions we should be aware of? Please

explain _____

EMERGENCY INFORMATION

Who to contact in case of an Emergency:

Name _____ Relationship _____ Phone# _____

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MEDICAL INFORMATION

Doctor's Name _____ Phone

Insurance Company _____ Policy

Insured Name _____

I give the above named permission to participate in the program(s) of East Elite Cheer Gym, Inc. Also the above named child (his/her legal guardian or parent if under eighteen years of age), agrees to indemnify and hold harmless East Elite Cheer Gym, Inc., its' officers, employees and coaches/instructors from and against all liability, claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred, and arising from the child's participation in any East Elite Cheer Gym, Inc. program, or by reason of any injury or any damage to said child or to any person or property occurring during said participation, or from any cause whatsoever. I fully realize that activities at East Elite Cheer Gym, Inc. can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for East Elite Cheer Gym, Inc. to give my child simple first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for medical care. The above named child(ren) is physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the Parent/Guardian to let us know of any updates throughout the year.

READ AND AGREED BY: _____ **Parent/Guardian**

Date: _____