

OFFICE USE ONLY

Classroom Use Only

# Rival Cheer Registration

Customer Information	
Mother: _____	Father: _____
Address: _____	
City: _____	Zip Code: _____
Mom Cell: _____	Dad Cell: _____
Email Address: _____	
Emergency Contact Name: _____	
Emergency Contact Number: _____	

Student Information		
Student 1:		
Student Name: _____		
DOB: _____	Age: _____	Gender: _____
Student 2:		
Student Name: _____		
DOB: _____	Age: _____	Gender: _____

## Acknowledgment of Risk and Waiver of Liability

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in Rival Cheer Academy's programs. I recognize that potentially severe injuries can occur in any activity involving heights or motion, including gymnastics and related activities including trampoline, tumble-trak, climbing, standing, running or tumbling. I understand that it is the expressed intent of Rival Cheer Academy to provide for the safety and protection of my child. In consideration for allowing my child to use these facilities, I hereby forever release Rival Cheer Academy, its officers, employees, teachers, coaches and owners from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Rival Cheer Academy.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training, competing, or performing for Rival Cheer Academy, and I agree not to bring legal action against Rival Cheer Academy.

In case of an emergency, I authorize Rival Cheer Academy staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily, estimates content, and intent.

Parent or Legal Guardian's Consent: \_\_\_\_\_

Date: \_\_\_\_\_