CHEER ACADEMY OF NORTH GEORGIA

Registration Form

2395 Pendley Road, Cumming, GA 30041

Student Name:_____

Date of Birth:_____ Age:_____

Parent's Name(s):_____/_____

(mother) *(father)*

Address:_____

(*street*) *(Apt#)* *(city)* *(state)* *(zip)*

Home phone: _____ Daytime/Work Phone:_____

E-Mail Address:_____

Emergency contact: _____

(name/relationship)

Home Phone:_____ **Work Pone:**_____

Cell Phone:_____

E-Mail Address:_____

Does your child have any medical condition we should be aware of? _____

_____

Allergies: _____

Please list any and all medications your child is currently taking: _____

_____

Child's Physician's Name and Phone Number: _____

Person Responsible for Payments:_____

Address If Different From Above:_____

Class:_____ **Day:**_____**Time:**_____

Waiver of Liability

I, the undersigned, understand and acknowledge that participation in cheerleading and related activities can be hazardous and realize that no one shall enter into activities unless the participant is medically able. I/We assume all risk with this activity including but not related to: falls, contact with other participants or equipment, effects of weather, equipment failure, and conditions of play area. I/We fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that can prove harmful to the participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release Cheer Academy of North Georgia, it's co-sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my child's participation in this activity.

Signature:_____ **Date:**_____

(Parent/Legal Guardian)