



For official use only
 Team(s): _____
 Reg. Date _____

REGISTRATION FORM 2010-2011

Please Check teams you are interested in: CHEER POM HIP HOP

ATHLETE INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Gender: M F Age: _____ DOB: _____
 # of years in the program: _____
 Athletes Cell #: _____
 Athlete's Other #: _____
 Athlete's Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____
 Cell #: _____
 Other #: _____
 Email: _____
 Parent/Guardian 2: _____
 Cell #: _____
 Other #: _____
 Email: _____

MEDICAL INFORMATION

Please list any physical/psychological limitations, injuries, or weakness that may affect the athlete's participation and/or performance: _____

Medication: _____
 Allergies: _____
 Doctor's Name: _____
 Doctor's #: _____

Insurance Carrier: _____
 Policy Number: _____
 Emergency Contact: _____
 Emergency Contact #: _____

WAIVER OF LIABILITY

- A. Despite all reasonable precautions implemented for safety, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation.
- B. I understand that by taking part of the Infinity Dance Academy there is a possibility of injury or sickness to my son/daughter. I hereby grant permission to hospital staff members to administer medical treatment to my child should he/she be injured.
- C. Infinity Dance Academy and Coaches shall not be liable for injuries which occur to participants or property in its program. All participants are aware of the potential for injuries to occur during physical activities, and each participant voluntarily assumes the risk of injury.
- D. I also agree not to hold liable Infinity Dance Academy, the event facility, practice facility, or any Staff for any injury as a result of my son/daughters participation.
- E. I give Infinity Dance Academy the right to film, photograph or videotape my son/daughter to be used for promotional purposes.
- F. I attest that all of the information given is compete and factual.

Athlete's Name: _____
 Athlete's Signature: _____
 Date: _____

Parent/Guardian's Name: _____
 Parent/Guardian's Signature: _____
 Date: _____