



## PRIVATE LESSON REGISTRATION FORM AND WAIVER

MOTHER'S INFORMATION		
First Name:	Last Name:	
Address:	E-Mail:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
FATHER'S INFORMATION		
First Name:	Last Name:	
Address:	E-Mail:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
ATHLETE INFORMATION		
First Name:	Last Name:	
E-Mail:	Cell Phone:	Grade:
Gender:	Birth Date:	School:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		

### WAIVER AND RELEASE OF LIABILITY

I hereby authorize the staff at Cheer Extreme Raleigh to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive any and all claims for personal injury, illness, and/or property damage against Cheer Extreme Raleigh and its directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with Cheer Extreme Raleigh. I agree and understand that participation in cheerleading, stunting, tumbling, or any other activity that involves motion, rotation, and/or height, carries with it the risk of injury. I agree and understand that all medical expenses incurred will be the responsibility of the parent or guardian. In lieu of a medical certification signed by a medical doctor, I state that I have no knowledge of any physical injuries or impairment that would be affected by the named child's/children's participation in any program at Cheer Extreme Raleigh.

I agree and understand that jewelry is not to be worn during any class, practice, clinic or camp while at Cheer Extreme Raleigh. I also understand and agree that if asked to remove jewelry, I or the said athlete(s) will be responsible for the security of that/those items. Cheer Extreme Raleigh is not responsible for items that are lost, stolen or damaged.

Athlete's Name: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_