



CHEER FUNDAMENTALS REGISTRATION

Athlete Name _____

Age _____ DOB _____

Cheer or tumbling experience? _____

Parent/Guardian Name _____

Phone # _____

Email Address _____

Address _____

Emergency Contact (other than parent/guardian)

Emergency Contact Phone # _____

T-Shirt Size (YM-AXL) _____

Fundamentals Cost: \$120 for 6 week clinic plus \$30 registration fee

**** If you decide to join Innovation Cheer at any time during or after Fundamentals we will waive the remaining program registration fee.**

Innovation Cheer Waiver and Release From Liability

As parent or guardian, I understand that by the very nature of the activity cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participants are or what landing surface is available, the risk cannot be eliminated completely. The risk of injury includes minor injuries such as muscle pulls, dislocation and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. In consideration of allowing participant to join in Practices, competition, fundraising and social events at Innovation Cheer, LLC and intending to be legally bound, I do hereby for myself and my heirs, executors and administrators, forever release, absolve and discharge Innovation Cheer, LLC , which includes but is not limited to all the owners, coaches, instructors, staff, employees, parents, cheerleaders, sponsors, and participants, from all liabilities and waive any and all rights and claims for damage which I may have or may hereafter accrue as a result of injury, disability or death sustained or suffered by participant in connection with his/her association with or participation in the Innovation Cheer, LLC Practices, competition, fundraising and social events. It is important that participants are in good health and have no previous illness or injury that could be complicated by physical activity. Since participant is participating in Practices, Competition, fundraising and social events at their own risk Innovation Cheer, LLC assumes no responsibility. Participant and Parent/Guardian should always consult a physician before doing any physical activity.

I do hereby acknowledge that participant has insurance coverage and that I accept the financial responsibility for care and/ or treatment participant should need in the case of an emergency during or as a result of any and all participation with Innovation Cheer, LLC. I agree not to hold Innovation Cheer, LLC, which includes all aforementioned persons, financially responsible for care and/or treatment needed in case of an injury, sickness, accident, and/or death to participant. In the event of an emergency resulting in injury, accident, sickness, and/or death the designated emergency adult listed in the box below will be contacted.

Name of Participant (Cheerleader) _____

Date: _____

Signature of Participant (Cheerleader): _____

Signature of Parent/Guardian: _____