

SHINING STARS CHEER COMPANY

2019-2020

REGISTRATION FORM

Personal Information

Cheerleader Name _____ Home # _____
Parent Name(s) _____ Cell Phone # _____
Address _____ Email Address _____
DOB _____ Age (as of 08/31/18) _____ Grade 18-19 _____

Medical History

Physicians Name _____ Office # _____
Insurance Carrier _____ Customer Service # _____
Policy # _____ Group # _____
Emergency Contact _____ Phone # _____

Please check the following conditions that apply to you:

☐ Allergies ☐ High Blood Pressure
☐ Convulsions/Epilepsy ☐ Psychological condition
☐ Asthma ☐ Bone/joint weakness
☐ Diabetic ☐ Kidney Disease
☐ Heart Trouble ☐ Other _____
☐ Contact Lenses

Comments: _____

Medical Condition currently being treated: _____

Medications currently being taken: _____

I hereby release **Shining Stars Cheer Co**, their assistants, instructors, student and parent volunteers and helpers from any and all liability resulting from my daughter's participation in any and all classes, stunts, practices, tumbling, performances, trips, camps, competition, parades and any activity or event related for **Shining Stars Cheer Co**.

I fully understand the risks involved in cheerleading activities my daughter is registered for, and I accept such, unconditionally, and take full responsibility for any and all accidents and/or injuries, which may occur as a result of her participation with the **Shining Stars Cheer Co**.

Parent Signature

Date