

Check all that apply:

- Rec Cheer
- Trial Class
- Misc. \_\_\_\_\_



For Office Use Only:

Team/Class:	_____
Registration Date:	_____
Payment Method:	_____
Payment Amount:	_____

## REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION	
Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F DOB: _____
Social Security # (If 18 or older)	_____
Cell Phone #:	_____
Email	_____

PARENT/GUARDIAN INFORMATION	
Parent/Guardian 1:	_____
Cell Phone #:	_____
Work Phone #:	_____
Email:	_____
Parent/Guardian 2:	_____
Cell Phone #:	_____
Work Phone #:	_____
Email:	_____

### MEDICAL INFORMATION

**Medical Information – THIS INFORMATION IS REQUIRED AND YOUR ATHLETE IS NOT ELIGIBLE TO ATTEND PRACTICES WITHOUT IT**

Have you ever broken any bones (if so, please describe) \_\_\_\_\_

Date of last Physical Examination: \_\_\_\_\_ Medication currently taking: \_\_\_\_\_

**Heart Condition:** YES / NO    **Diabetes:** YES / NO    **Asthma:** YES / NO    **Allergies:** YES / NO - If yes, allergic to: \_\_\_\_\_

**Additional Medical information that may be helpful:** \_\_\_\_\_

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

\_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Medications (list all): \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

### LAKE ERIE BLAZE CHEER (Herein after referred to as "LEB")

#### Acknowledgement of Risk and Waiver of Liability, Authorization to Seek Medical Attention and Media Release

In consideration for (athlete name) \_\_\_\_\_'s participation in the activities provided by LEB, including but not limited to all aspects of cheerleading, tumbling, dance training and/or competition, I am full aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release LEB, including its officers, sponsors, coaches, instructors, employees and facility owners, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premise of LEB practice gym located within Harborcreek Baptist Church, including any event sponsored or sanctioned by LEB, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment: it is intended to be as broad as permissible under the Pennsylvania Law. I am fully aware of the nature of

the activities provided and the possibility of injuries arising from such activities, I further agree to hold harmless, indemnify and defend LEB, including its officers, sponsors, instructors, coaches, employees and facility owners from any loss, liability, damage, or cost incurred by them due to the above-named athlete on the premises or during any event sponsored or sanctioned by LEB. This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give LEB permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with LEB. , I hereby give LEB Cheer permission to use or license my Unique Personal Indicia, the Photographs and the Video (Licensed Materials) in any manner (excluding pornographic or defamatory), which may include, but is not limited to, social networking Web sites, YouTube, or the LEB Cheer Web site. I agree that the Licensed Materials may be combined with other videos, text and/or graphics, and may be modified, altered, or cropped. I acknowledge and agree that I have no rights in the Licensed Materials and that all rights to the Licensed Materials belong to LEB Cheer. I acknowledge and agree that I have no further right to Consideration or accounting and that I will make no further Claim for any reason against LEB Cheer. I acknowledge that this Release is binding upon my heirs and assigns.

I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any LEB activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes LEB to take the above-named athlete to a qualified medical or hospital facility for care and treatment.

I represent and warrant that I am at least eighteen (18) years of age and have the full legal capacity to execute this Release or, if the Participant is a minor child, AND that I am the legal parent or guardian of the minor child Participant and have the full legal capacity to execute this Release.

**Acknowledgement of Risk and Waiver of Liability, Authorization to Seek Medical Attention and Authorization to Seek Medical Attention.**

Parent/Guardian Name (Print): \_\_\_\_\_

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