



**Paste Current
Picture Here
&
Attach Copy of
Birth Certificate**

Try Out/Evaluation Form

Team Placements Will Be Emailed Friday, May 8, 2015

Athlete Name: _____

NOTES: (To Be Filled Out By Staff) #

Address: _____

City, State, Zip: _____

Age As of 8/31/2015: _____

Current Grade: _____

Birth Date: _____

Parent Name/Cell #: _____

Emergency Contact/Cell #: _____

Medical Problems: _____

EMAIL Address: _____

This is how you will be notified of your child's team placement

Program Interested In: **Full Year** **Half Year** **Both**

Please Circle

EXTREME CHEER, LLC WAIVER Permission/Consent for Minor Participation

As legal guardian of the above named student, I hereby consent to the aforementioned person participating in the Extreme Cheer, LLC programs. I recognize that potentially severe injuries, including paralysis or death can occur in any activity involving height or motion, including dance, gymnastics, stunting, tumbling and trampoline work.

I understand that it is the express intent of Extreme Cheer, LLC to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities. I hereby forever release Extreme Cheer, LLC, its employees, teachers, coaches, from all liabilities for any and all damages and injuries suffered by my child while under the instruction, supervision of Extreme Cheer, LLC.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at or performing for, Extreme Cheer, LLC.

This Acknowledgement of the risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Guardian signature: _____

Date: _____