



# REGISTRATION FORM



Last Name \_\_\_\_\_ Participant's First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

Church (if you regularly attend church, which one?) \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Cheerleader information notes, if any. \_\_\_\_\_

## Participant Information

*(Sizing will take place @ Parent Orientation Night)*

Cheer Top	YXS	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL	2XL
Skort Size	YXS	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL	2XL
TShirt Size	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL	2XL	

Shoe Size \_\_\_\_\_  Youth  Adult Size \_\_\_\_\_

Practice Night Exclusion: If applicable, ONE night your child CANNOT practice.  
 Monday  Tuesday  Thursday  Friday

Carpool Link: \_\_\_\_\_  
*\*must be same age/grade.  
 (Other participant must list your child as their carpool link on their registration form also.)*

How many years has your child cheered? \_\_\_\_\_

## Parent/Guardian Emergency Information

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I can do the following for my child's squad:  
 Coach  Team Parent  Coach  Team Parent

Other Emergency Contact:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Doctor's Name and Phone: \_\_\_\_\_

## PLEASE READ CAREFULLY

Does the child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?  Yes  No  
 If Yes, please state condition: \_\_\_\_\_  
 Emergency Authorization: I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 WAIVER OF LIABILITY, DISCLAIMER AND PERMISSION: I, the parent or legal guardian of the above named individual, acknowledge that participation in athletic events involves risk of physical injury. I further acknowledge that the programs of Impact Cheerleading are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of the said individuals in this program, I hereby release, discharge and hold harmless Cornerstone Christian Center, Impact Cheerleading, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in an Impact Cheerleading sponsored event, including any physical injury by the negligence of any official or coach while performing his/her duties during practices, games and competitions.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT SIGNATURE REQUIRED