

CHEER AND DANCE ATLANTA
Home of the Atlanta Jayhawks
Registration and Medical Release Form

Office Use Only:

TRIAL CLASS DATE _____

CLASS/TEAM ASSIGNMENT _____

ACCOUNT INFORMATION:

Parent Name(s) _____
Street Address: _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Number (primary) _____
Cell Number (secondary) _____ Work Phone _____
Email: _____ Email: _____

STUDENT INFORMATION:

Name _____ Date of Birth ____ / ____ / ____
School _____ Grade '14-'15 _____

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of my minor child or me by Cheer and Dance Atlanta staff or their designee. I understand that any such photograph, audio recordings, and/or video recordings become the property of Cheer and Dance Atlanta and may be used by the gym, or others with their consent, for educational, instructional, or promotional purposes determined by the administration in broadcast and media formats now existing or created in the future.

Initials: _____

Emergency Information

I hereby authorize Cheer and Dance Atlanta staff or anyone they designate, to treat my son/daughter _____ for injuries or illness that may occur while at a gym function.

Initials: _____

I authorize necessary medical treatment to any hospital designated by Cheer and Dance Atlanta or to their designate.

Initials: _____

It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments (MRI), lab tests, surgical procedures, etc. are necessary.

Initials: _____

I am aware as a parent of the above participant, that I will be responsible for providing proper insurance information to Cheer and Dance Atlanta prior to participation in any program.

Initials: _____

Insurance Company: _____ Policy Number: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Parent Signature: _____ Date: _____

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The following information is to be completed by the participant's parent or guardian (if under 18).

1. Is the student currently under Dr's care? _____ If so, explain _____
2. Chronic medical conditions? (i.e., diabetes, asthma, heart murmur), if so, explain _____
3. Allergic to any medications? _____
4. Is the student currently taking any medications? If so, explain _____
5. In the last year, has the participant: Explain

Had Major Illness?	Y	N	
Been hospitalized?	Y	N	
Undergone surgery?	Y	N	
Been unconscious?	Y	N	

IT IS THE SUGGESTION OF CHEER AND DANCE ATLANTA THAT EACH PARTICIPANT HAVE A MEDICAL EXAMINATION PRIOR TO THE PARTICIPATION IN THIS ATHLETIC ACTIVITY.

Initials: _____

IF THE PARTICIPANT IS ASTHMATIC, THEY WILL BE REQUIRED TO KEEP MEDICATION AT THE TRAINING SITE (I.E., INHALER).

Initials: _____

I hereby certify and that I understand the following:

1. Dance and cheerleading involves a variety of movement, motions, rotations, leaps, tumbling, jumps, partner stunts, and pyramids. Therefore, participation in these athletic activities some amount of danger of personal injury. I, _____ (parent/legal guardian) totally assume the risks involved by _____ (participating student) participating in these dance and cheerleading activities. I further realize that improper conduct during the athletic activity could result in catastrophic injury, paralysis, or even death.
2. I further agree to hold harmless CHEER AND DANCE ATLANTA (CDA) and all CDA directors and staff for any injury that the participant may incur while being a volunteer participant in CDA programs.
3. I am a volunteer participant in the manual manipulation training that CDA provides. I will only partake in this training under the direct supervision of a CDA instructional staff member.
4. In the event that CDA uses facilities other than their own and a accident or injury should happen, I will not hold liable the facility, company, organization, proprietor, or its' employees of the location that CDA is utilizing.
5. I am aware as a parent/guardian of the above named participant that I will be responsible for providing proper insurance coverage and insurance information to CDA prior to the participation of any CDA training.
6. I am aware CDA is exempt from a licensed day care facility under Georgia law.

STATEMENT: I HAVE CAREFULLY READ THIS DOCUMENT AND I UNDERSTAND AND ACCEPT THE INFORMATION AND THE REQUIREMENTS THEREIN. I ALSO UNDERSTAND THAT IF I NEED TO DROP OR ADD A STUDENT OR A CLASS OR WITHDRAW FROM THE PROGRAM, THAT I WILL PROVIDE WRITTEN DOCUMENTATION (CDA DROP/ADD FORM) FOR ANY OF THE ABOVE ACTIONS. DROP/ADD FORMS WILL BE AVAILABLE AT THE FRONT DESK. I ALSO UNDERSTAND ANNUAL REGISTRATION WILL BE CHARGED EVERY SEPTEMBER (ALL-STARS IN MAY) AND MUST BE PAID SEPARATELY FROM THE AUTO DRAFT SYSTEM.

Parent/Guardian Signature: _____ Date: _____