**Raglan Coast Cheer Recreation**

**Registration/Release Form**

Athletes Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, state, zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation Release

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Athlete“). I hereby acknowledge that I am familiar with the physical and otherwise athletic nature of cheerleading and all activities related thereto, including without limitation; jumping, tumbling, building of stunts and pyramids, dancing and other activities related thereto (collectively, “Cheerleading Activities”), and in connection with the athletes acceptance as a member of RAGLAN COAST CHEER, the Athlete will be participating in Cheerleading Activities during classes, practices, performances and competitions, in a variety of locations, settings and venues.

In consideration of the acceptance of the Athlete as a member of RAGLAN COAST CHEER, in my capacity as the parent or legal guardian of the Athlete, I on behalf of myself and the Athlete, hereby consent to the Athlete’s participation in the Cheerleading Activities and hereby release and hold harmless RAGLAN COAST CHEER, its principles, partners, members, managers, employees, officers, contractors, consultants, advisors, volunteers and agents from any and all actions, causes of action, damages, liabilities and claims, relating to or in connection with the Athlete’s participation in Cheerleading Activities, including without limitation, actions, causes of action, damages, liabilities and claims relating to bodily injury. I hereby authorize RAGLAN COAST CHEER Personnel to render judgment concerning first aid or other medical assistance with respect to the Athlete in the event the Athlete’s injury or illness, during my absence. I hereby authorize the RAGLAN COAST CHEER Personnel to perform simple first aid on the Athlete if deemed necessary of advisable in the discretion of the RAGLAN COAST CHEER Personnel, during my absence. I hereby represent that the Athlete is in good health and physically able to participate in Cheerleading Activities and that the Athlete is and will continue to be covered by sufficient insurance to cover costs and expenses of injuries the occurrence of which are reasonably foreseeable from the Athlete’s participation in Cheerleading Activities.

For any calendar month in which the athlete is enrolled as a member of RAGLAN COAST CHEER. I shall pay the tuition and fees required by RAGLAN COAST CHEER in connection with the Athlete’s enrollment as a member of RAGLAN COAST CHEER in accordance with the rules and regulations of RAGLAN COAST CHEER as established from time to time. Each installment of tuition, fees and dues shall be due and payable on the first day of class each calendar month in which the athlete is so enrolled (except in the case of the Athlete’s initial enrollment which occurs on a day other that the first day of the month, in which case, such initial installment of tuition and fees shall be due on the day of such initial enrollment). A late fee of the amount of ten dollars shall be due and payable for each installment of tuition or fees not paid by the fifteenth day of that calendar month.

Executed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Legal Guardian)

--------------------------------------------------------------------------------------------------------------------------------------------

**Individuals to contact in case of emergency**:

Primary Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Permission for Medical Treatment

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print) authorize the necessary steps regarding medical attention (i.e. First aid, calling ambulance service, transportation to the hospital and to be admitted to the hospital)) and will allow authorized hospital faculty and staff to treat my child for any illness or injury he or she has.

Athletes Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Doctors Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical/Mental Conditions we should be aware\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_