

Application Instructions

(Please keep for your records)

Forms to be completed & returned:

- Registration Form
- o Travel & Medical Information Form
- o General Release Agreement

Items to be returned with forms:

- Recent Sports Physical (dated 2020)
- Copy of Insurance Card (Front & Back)
- Current Photograph of Camper (Headshot-Type.) Digital photos can be emailed to info@cheersurge.com.

Forms can be found at www.cheersurge.com on the Parents Page. Forms (except Registration Form) must be completed and mailed (or scanned and emailed) to CheerSurge Camps no later than June 1, 2020. Please contact CheerSurge for exceptions.

Mail all correspondence to: CheerSurge Camps, P.O. Box 2096, Burbank, CA 91507.

Email all correspondence to: info@cheersurge.com



Registration Form

(Please complete one form per camper, even if you paid online.)

Camper Name		(Nickn	ame) Da	Date of Birth		
Parent / Guardia	n Names	(_	() Camper Cell Phone Number			
Address		(_ Pa	()Parent / Guardian Cell Phone (Mother)			
City, State, Zip (Code	(_ Pa	()Parent / Guardian Cell Phone (Father)			
Parent / Guardia	n Email Address	Ca	Camper Email Address			
Home Phone Nu	mber		Name of Roommate Choice (If Applicable)			
1. Are you o		creational tea	m? Name	e of Team:	Level:	
All cheerleaders w	ill be given one CheerSu	rge T-Shirt. F	Please select a size.			
	Size	Quantity	Amount	Color	Notes	
CheerSurge T-Shirt	YS, YM, YL, YXL, S, M, L, XL	1	Complimentary	Perfectly Pink		
Remember, advailable online Registration &	r Payment: vance purchase of extra d other CheerSurge item through the Quick R Payment Portal at le.com. Additionally, selevations at called the contract of	I I ected !	Payment submit Check here if pa	ted (\$300.00 Min	i.) \$	



Travel & Medical Information

Name of Camper:	
•	

Travel:

	time at the Top Gun Orlai he Top Gun Gym is at 10:00		n 4:00 – 5:00 PM on Sunday, July 5.	Departure time		
	here: Drop-off:	If someone other than the par		oer, please indicate		
	I will be flying to and from camp with my parents. No additional transportation required.					
	dical: gency Contact: (Best way	to reach parents / guardians in	an emergency)			
Name			Phone			
Recon	nmendations & Restriction	ons:				
Allergie	es (food and other):					
Swimm	ning Restrictions:					
	ption medication to be take	n at camp:				
Directio	ons for administering:					
		DICATIONS MUST BE IN TH	ORIGINAL BOTTLE.			
•		y of your child's Medical Ins and Physical Examination Fo	urance Card (Front & Back) orms obtained from your local pl	nysician.		
	by grant permission to Chec ency medical condition occu	-	cure proper treatment for my child v	vhen an urgent or		
Signatı	ure of Parent / Guardian					



General Release and Waiver of Liability and Hold Harmless Agreement

(Please read carefully. This is a Release of Legal Rights.)

In consideration of being allowed to participate in any way in the 2020 CheerSurge program, I, the parents(s) and/or legal guardians(s) of the minor named below **agree to assume all risk of any kind of injury or damage my child may receive or sustain as a result of participation, including property loss, property damage, personal injury or death**.

By my signature below, I acknowledge my understanding of this release and hold harmless and agree and confirm that:

- 1. As the parent/guardian, it is my responsibility to instruct the minor participant if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
- 2. The above named minor may, during the course of the program, participate in the following activities: cheerleader activities including but not limited to balance and tumbling skills, rhythm and dance, health-related fitness, body awareness, and swimming.
- 3. I grant permission for the above-named minor to receive medical treatment for any and all injuries and illnesses sustained or experienced during her participation in CheerSurge Camp activities, included but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical facility.
- 4. **Photography Consent:** By registering for CheerSurge Camps, I am hereby giving my permission to CheerSurge Camps and their official photographer(s) allowing for my child's photograph to be taken. I am also consenting to having such photographs used for public relations purposes by CheerSurge and/or their official photographer(s). I also hereby release CheerSurge Camps from all claims for libel, slander, and invasion of the right of privacy or any other claims which I may have or which may arise as a result of the publication, exhibition, display, or other use of any photograph. This authorization shall be effective until revoked, in writing, and received in-hand by CheerSurge Camp directors.

Parent /Guardian Signature	Parent/Guardian Printed Name
Name of Camper	Camper's Date of Birth
ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR I	FICERS, EMPLOYEES AND VOLUNTEERS WITH RESPECT TO DAMAGE TO PERSON OR PROPERTY ASSOCIATED WITH THE ARGE, WHETHER ARISING FROM THE NEGLIGENCE OF THE
I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KN	OWN AND UNKNOWN, AND HEREBY RELEASE, INDEMNIFY,