

CHEER STATION INC.

National Training Center

WWW.CHEERSTATION.COM

Gym Registration

First Name/ Last Name/ Registration Date

Billing Address/ City/ State/ Zip

Birth Date/ School attending August 2010/ Age as of May 2010/ Grade August 2010

Dad's Name/ Mom's Name

Home Number/ Dad Cell/ Mom Cell/ Child Cell/ Child Email

*Dad Email/ Dad Work #/ Mom Work #/ *Mom Email

***Cheer Station communicates via email to all team members, so please put the best email address!**

Medical Release:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling or other physical activities while a student at Cheer Station National Training Center, Inc. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release Cheer Station National Cheerleading Training Center, Inc., its supervisors, and instructors; whether paid or volunteer from any and all liabilities that may occur form any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that includes motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability, and death while at Cheer Station or while participating in a Cheer Station activity away from the Cheer Station Training Center. I/we furthermore hereby to agree to hold harmless Cheer Station, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at Cheer Station. I/we have received and read the Cheer Station rules and regulations and agree that my child will follow all rules pertaining to the gym and that classes and instructors. I _____, do hereby allow _____ to fully participate with Cheer Station and its affiliates.

Parent/Guardian Signature of agreement _____ **Date** _____

Physicians Name/ Insurance Company/ Phone Number/ Policy Number

*****Office Use Only*****

Class Trying Date Time Class Signing Up For Date Time

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12112 Boardwalk #C. . Austin, TX 78729 . Office 512.452.4337 . Fax 512.257-3005