



FREEDOM CHEERLEADING, LLC
2007-2008 REGISTRATION/MEDICAL RELEASE FORM

STUDENT INFO:

Last Name	First Name	Middle Name
Address		
City ()	State	Zip
Home Phone	Birthdate	
Current Age	School Attending	Grade
e-mail address		T-shirt size

****How did you hear about *Freedom*?** _____

PARENT/GUARDIAN INFO:

Name	Relationship	Employer	Work phone	Cell phone/pager

MEDICAL HISTORY:

Answer each statement:				Explain.
1. Currently taking medication	Yes	No		_____
2. Allergies to any medicine	Yes	No		_____
3. Other allergies	Yes	No		_____
4. Chronic medical conditions (ex. asthma)	Yes	No		_____
5. Limitations to physical participation	Yes	No		_____
6. Hospitalization	Yes	No		_____
7. Broken bones	Yes	No		_____
8. Back injury	Yes	No		_____
9. Knee/Ankle injury	Yes	No		_____
10. Major illness	Yes	No		_____
11. Under a doctor's care	Yes	No		_____
12. Been unconscious	Yes	No		_____

**** It is the suggestion of *Freedom* that each participant have a medical examination prior to participating in this athletic activity.**

(over)

**** Office Use only**

Registration Date: _____ Annual Reg. Fee: _____ Method of Payment: _____
 Class (es): _____ Discount (if applicable): _____

PLEASE READ THE FOLLOWING CAREFULLY:

I fully understand that **Freedom** staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release **Freedom** staff members to render temporary first aid to my child in the event of injury or illness, and if deemed necessary by the **Freedom** staff, to call our doctor and to seek medical help, including transportation by a staff member and/or its representatives, to any healthcare facility or hospital, or the calling of an ambulance for said child, should **Freedom** staff deem this to be necessary.

Student Name

Parent/Guardian Signature

Date

We, the staff of **Freedom**, recognize our obligation to make our students and their parents/guardians aware of the risks and hazards associated with the sport of gymnastics, cheerleading, tumbling, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Cheerleading and Tumbling are high-risk activities that can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instructions.

WAIVER AND RELEASE:

I am fully aware of and appreciate the risks, including risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in tumbling and cheerleading activities/events.

I further agree that **Freedom**, and the sponsor of any **Freedom** event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages as a result of my participation in the event, except where such loss or damage is the result or the intention of reckless conduct of one of the organizations or individuals identified above.

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by **Freedom**. I authorize **Freedom** to act for me, if I am unable to be reached, according to their best judgment in any emergency requiring immediate attention.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Physician's Name	Office	Phone
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Insurance Company	Policy #	Group #
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Emergency Contact (other than parents)	Emergency Phone	2nd Emergency Phone
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COMMON POLICIES:

- * **Freedom** classes are month-to-month activities with **FULL** payment due at the first of the month.
- * Late fees will be assessed to you after the 10th unless other arrangements are made with management.
- * **Freedom** gives your child the opportunity to make up missed classes due to any illness, school, church, or family event. Arrangements must be made in advance before attending an **OPEN GYM** session.
- * Advanced notice will be given if **Freedom** will be closed for holidays and special events.
 - Photographs, interviews, and videos of your child may be taken by **Freedom** during events for brochures, newsletters, and web-site. Permission must be granted from the gym for photos to be taken.
 - I have read and fully understand the common policies and financial obligations of **Freedom**.

Parent/Guardian

Date