



REGISTRATION FORM

First Name:

Last Name:

Billing Address/

City/

State/

Zip

Birth Date

Current School

Parent's Name

Parent's Name

Home Phone

Parent Cell

Parent Cell

Child Cell

Child Email

Parent Email

Parent Work #

Parent Work #

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 at Rebelz Cheer & Tumbling. 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 Rebelz Cheer & Tumbling, its supervisors, and instructors; whether paid or volunteer from any and all liabilities that may occur from 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 Rebelz Cheer & Tumbling or while participating in a Rebelz Cheer activity away from the Rebelz Cheer & Tumbling facility. I/we furthermore hereby to agree to hold harmless Rebelz Cheer& Tumbling, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at Rebelz Cheer & Tumbling. I/we have received and read the Rebelz Cheer rules and regulations and agree that my child will follow all rules pertaining to the gym, clinics, events and classes and instructors. I _____, do hereby allow _____ to fully participate with Rebelz Cheer & Tumbling.

Parent/Guardian Signature of agreement _____ Date _____

Physicians Name/

Insurance Company

Phone

Policy Number

