



Rock Starz Tumbling Waiver 2019

ATHLETE NAME: _____

DATE OF BIRTH ___/___/___ **AGE AS OF AUG.31, 2019** ___ **GRADE** ___

MOTHER'S NAME _____ **CELL #** _____

FATHER'S NAME _____ **CELL #** _____

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: (please include asthma & any recurrent injuries)

EMAIL ADDRESS:

*All cheerleaders are required to be covered by personal medical insurance. Please let us know if you do not have medical coverage.

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

NAME: _____ **PHONE:** _____

RELATIONSHIP _____

I/WE THE PARENTS OF _____ DO HEREBY PERMIT THE NAMED STUDENT TO PARTICIPATE IN TUMBLING, CHEERLEADING OR OTHE PHYSICAL ACTIVITIES WHILE ATTENDING ROCK STARZ ALL-STAR CHEERLEADING. BY GRANTING PERMISSION FOR SAID STUDENT TO PARTICIPATE IN PROGRAMS AT ROCK STARZ, I/WE ASSUME FULL RESPONSIBILITY FOR SAID STUDENT'S PERSONAL SAFETY AND RELEASE ROCK STARZ, ITS SUPERVISION AND EMPLOYEES, WHETHER PAID OR VOLUNTEER, FROM ANY AND ALL LIABILITIES THAT MAY ARISE DUE TO PARTICIPATION IN ANY ACTIVITY AT ROCK STARZ GYM OR IN WHICH ROCK STARZ IS PARTICIPATING ELSEWHERE. INITIALED: _____

I/WE UNDERSTAND THAT THERE IS PERSONAL RISK INVOLVED IN ANY ACTIVITY THAT INVOLVES MOTION, HEIGHT OR ROTATION AND THAT THESE ACTIVITIES CAN RESULT IN SERIOUS INJURY, DISABILITY, OR DEATH: INITIALED: _____

I/WE DECLARE THAT THIS STUDENT HAS BEEN SEEN BY A REGISTERED PHYSICAL WITHIN THE PAST YEAR AND HAS BEEN CLEARED TO PARTICIPATE IN PHYSICAL ACTIVITY INCLUDING TUMBLING & CHEERLEADING. INITIALED: _____

Parent
Signature _____ Date: _____
(if athlete is under 18 years of age)