



ROYAL CHEER ACADEMY LLC

Roster Information and Registration Form

Cheerleader Info

Name _____ Date of Birth _____

Address _____

School _____ Grade _____

Home Phone _____ Cheerleader's Cell _____

Cheerleader's
Email _____

Parent Info

Mother's name _____ Home Phone _____

Cell
Phone _____ Email _____

Father's Name _____ Home Phone _____

Cell Phone _____ Email _____

Please state goals for participation, so we may insure that your child's cheer instruction fits their needs.

Medical Release

Emergency Contact _____ Phone _____

Health Insurance Provider _____

Physician _____ Phone _____

Please state any allergies or medical conditions we should be aware of _____

Parent Consent: I/We authorize the Royal Cheer Academy LLC staff to seek proper medical attention to our child if at any time we are unable to be reached. I/We authorize the above hospital and doctor to treat our child if need be. I/We authorize payment for treatment, through our insurance or personally. I/We understand the danger involved in the sport of cheerleading and our child has been cleared to participate.

In the event a parent cannot be contacted, RCA has full authority to seek proper medical attention:

Parent Signature: _____ Date _____

Liability Release

I understand the risks of personal injury associated with the sport of cheerleading and the RCA program. Including but not limited to cuts, bruises, broken bones, and/or catastrophic injury. I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from which liability could accrue to the Royal Cheer Academy LLC, it's officers, agents, employees, instructors, subsidiaries, and all affiliated entities.

I hereby agree to release the Royal Cheer Academy LLC and it's officers, agents, employees, instructors, subsidiaries, and all affiliated entities harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising from active participation in this program.

I am aware that this is a release of liability and acknowledgement of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

_____ has my permission to participate in the Royal Cheer Academy LLC cheerleading program. I have completely read and understand the release. I hereby agree to all of the above.

Parent Signature: _____ Date _____