



SOUTHERN CHEER

Summer Camp Registration

Join us for a day of cheers, chants, motions, jumps, tumbling, and fun!!

WHEN: June 18th 9am-2pm

AGES: Kindergarten – 12th Grade

Campers will be divided into age appropriate groups.

COST: \$35.00 per cheerleader

All cheerleaders should wear t-shirts, shorts, sneakers, NO JEWELRY & hair pulled back.

Explain (History):

List any conditions that physicians should be aware of:

I hereby authorize any medical treatment which may be advised or recommended by the attending Physician of:

(Member's Name) _____

(Insurance Company) _____

(Policy Number) _____

(Emergency Contact Name & Relationship) _____

(Emergency Contact Number) _____

(Signature of Parent or Guardian) _____

STUDENT INFORMATION

Name (Cheerleader): _____

School _____ Grade _____

Member of a school or rec team? Y / N
If yes, what team? _____

Date of Birth (mm/dd/yy) _____

Parent Name: _____

Cell Phone Number: _____

Home Phone: _____

Email Address: _____

Home Address: _____

T-Shirt Size: YS YM YL AS AM AL

MEDIA RELEASE

I hereby give my consent for all photographs, audio recordings, and/or video recordings taken of my minor child or me by Southern Cheer staff or their designee. I understand any such photograph, audio recordings, and/or video recordings become the property of Southern Cheer and may be used by the gym, or others with their consent, for educational, instructional, or promotional purposes determined by the administration in broadcast and media formats now existing or created in the future.

Initials: _____

RELEASE FOR MEDICAL TREATMENT

The following information is to be completed by the participant's parent or guardian (if under 18 years old).

Is the student currently under a Dr's care? Y / N
If yes, explain: _____

Chronic Medical Conditions (asthma, diabetes, etc)

Any allergies to medicines? Y / N
If yes, list: _____

Is the student currently taking any medications? Y / N
If yes, list: _____

In the past year, has the participant:
Had Major Illness? Y / N Been Unconscious? Y / N
Been Hospitalized? Y / N Undergone Surgery? Y / N

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defects on premises.

I hereby state that I am the legal guardian of said child.

Signature of Parent or Guardian _____ Date _____

**SOUTHERN CHEER
MEDICAL RELEASE FORM**

In consideration of the services of Southern Elite, Inc. dba Southern Cheer, its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SC"), I hereby agree to release, discharge, and hold harmless SC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of SC pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks:

Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises and other more serious risks as well. Participants often fall, sprain, or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets, and exhibitions raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.

2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with SC-related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify SC from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in SC-related activities.
4. Should SC be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that my child has health, accident, and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.
6. In the event that I file lawsuit against SC, I agree to do solely in the State of Georgia and I further agree that the substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable the remaining portions shall remain in full force and effect.
7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against SC on the basis of any claim from which I have released SC by signing this Agreement.

I have had sufficient opportunity to read this entire document. I have read it and understand it. I agree to be bound by its terms.

Parent Signature: _____ **Print Name:** _____ **Date** _____

PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor" being permitted by SC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold SC from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent Signature: _____ **Print Name:** _____ **Date** _____