

# Carolina Cheer Center, LLC

(Home of the Carolina Elite All-Stars)

## Participant Registration Form

_____			_____		
Participant's Name			Home Phone #		
_____			_____		
Participant's Address			Name of Parent(s) or Guardian(s)		
_____	_____	_____	_____		
City	State	Zip	Emergency Contact		
_____			_____		
School Name			Emergency Phone #		
_____		_____	_____		
Date of Birth		Age	Allergies or Medical Conditions		
_____			I agree to pay the fees set forth by the		
Email Address			gym and deliver notification upon		
			withdrawal from the program.		
How did you hear about the gym?			_____		

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## Waiver

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son \_\_\_\_\_ to participate in the programs of Carolina Cheer Center, LLC. I also hold the facility, directors, and its representatives harmless in the exercise of administering medical treatment in the event of an injury or illness. I further agree to hold harmless Carolina Cheer Center, LLC, including its stockholders, owners, directors, officers, camp directors, staff and administrators, and the facility for any injury or illness incurred by participants prior too, during the course of, or after participation in their programs.

_____	_____	_____
Participant Signature	Date	Parent or Guardian Signature

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## Agreement to Participate

I acknowledge, understand, and agree that in taking part in the programs of this gym, there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that the participant is assuming the risk of such injury by participating.

_____	_____	_____
Participant Signature	Date	Parent or Guardian Signature