

****Coaches, make copies of this form and then cut & distribute. Have each athlete complete the following information and then bring it with you to camp in order for each athlete to participate.**

Cheerleader's Name: _____
School _____
Date of birth: _____ Parent's Name: _____
Parent's cell, home, and work # s in case of an emergency:
Cell: _____ Wk: _____ Hm: _____
Email address _____
Any Medical
Conditions? _____

I hereby verify that the above information is correct to the best of my knowledge, and I release Cheer Savannah, INC and its representatives of liability in case of an accident or injury. Furthermore, I realize that while taking part in the sport of cheerleading, tumbling, and gymnastics, even recreationally, there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participating is assuming the risk of such injury (by participating). I as the legal guardian of my child take full responsibility for anything that might occur and will hold Cheer Savannah, INC and its cheerleaders, staff, and volunteers harmless for any injury or illness incurred by participating during the course of summer camp and/or any summer instruction.

Parent/legal guardian Signature: _____ Date _____

Cheerleader's Name: _____
School _____
Date of birth: _____ Parent's Name: _____
Parent's cell, home, and work # s in case of an emergency:
Cell: _____ Wk: _____ Hm: _____
Email address _____
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Parent/legal guardian Signature: _____ Date _____