



**All Star Cheerleading  
and  
Tumble Gym**

**2007-2008**

## REGISTRATION FORM

Please fill out all information that applies.

Name: \_\_\_\_\_ Main Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Athlete Cell Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Athlete Email: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_ Parent Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Current School: \_\_\_\_\_ Parent Cell/Secondary Phone: (\_\_\_\_) \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Please list any physical/psychological limitations, injuries, or weaknesses that may affect the athlete:

Any medicines allergic to: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

East Coast Stars attempts to keep its business "in the family" when possible. Is your family involved in a business that could do business with East Coast Stars, INC.?

### EAST COAST STARS ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

In consideration for \_\_\_\_\_'s

(Name of participant)

participation in the training and activities provided by EAST COAST STARS, INC., including but not limited to cheerleading training, gymnastics, trampoline, dance, and practice. I am fully aware that any activity involving motion, height, or athletic activity created the possibility of serious injury. I hereby release EAST COAST STARS, including it's officers, shareholders, agents and employees, from any liability to the above named participant occurring on the premises of EAST COAST STARS, including any event sponsored or sanctioned by EAST COAST STARS, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under South Carolina Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend EAST COAST STARS, including its officers, shareholders, agents, and employees from any loss, liability, damage or cost incurred by them due to the above named participant on the premises or during any event sponsored or sanctioned by EAST COAST STARS. This release is intended to be binding upon the participant his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the applicant is in good health and may participate in activities as EAST COAST STARS. In case of an emergency requiring medical treatment, the undersigned hereby authorizes EAST COAST STARS, to take the student to a qualified medical or hospital facility for care and treatment.

- I am ( ) participant, if eighteen or older.
- ( ) parent of participant.
- ( ) legal guardian of the participant.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_