

Cheer Challenge All-Stars, Inc.

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TUMBLE REGISTRATION FORM

STUDENT INFORMATION:

CHILD'S NAME: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S INFORMATION:

MOTHER'S NAME: _____ E-MAIL: _____

PHONE: _____ CELL: _____ WORK: _____

FATHER'S NAME: _____ E-MAIL: _____

PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

TUMBLE INFORMATION:

ARE YOU INTERESTED IN ALLSTAR CHEERLEADING: YES OR NO

LIST ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

OFFICE USE ONLY:

REGISTRATION PAID: \$ _____

MONTHLY: _____ BY CLASS: _____

WAIVER AND RELEASE

As legal guardian of the child listed above, I hereby consent for him/her to participate in tumbling classes/practice held at Cheer Challenge All-Stars, Inc. I recognize that any activity involving height or motion can create the possibility of injury, including permanent paralysis and even death from landing or falling on the head or neck. I hereby forever release the Cheer Challenge All-Star, Inc. officers, directors, agents, and employees from all liability for any and all damages and injuries suffered or contracted as a result of participation in tumbling classes at Cheer Challenge All-Stars, Inc.

I hereby verify that I fully understand and accept the above conditions for permitting my child to participate in tumbling classes at Cheer Challenge All-Stars, Inc.

Parent Signature: _____ Date: _____