



# AMERICHEER GYM REGISTRATION



## Student Information *Please Print*

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## Parent & Emergency Information

Parent/Guardian \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

### OFFICE USE ONLY

\_\_\_\_ Policy /Procedure Info.

\_\_\_\_ Received T-Shirt

\_\_\_\_ Membership Fees Paid

EXPIRES \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Entered in CPU  Staff Initials \_\_\_\_\_

### CLASS INFORMATION

- \_\_\_\_ Tumble Tots
- \_\_\_\_ Youth Cheer & Tumble
- \_\_\_\_ Novice Cheer & Tumble
- \_\_\_\_ Int. Cheer & Tumble
- \_\_\_\_ Advanced Tumbling
- \_\_\_\_ High School Tumbling
- \_\_\_\_ Try-Out Prep
- \_\_\_\_ Back handspring classes
- \_\_\_\_ Privates
- \_\_\_\_ Other \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY

I, the undersigned parent or guardian, do hereby consent to the above named persons participation in an AmeriCheer Instructional Program. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and cheerleading. I also realize my child will be involved in performing a number of these gymnastics moves and cheerleading stunts, jumps, mounts, etc. and may also be involved with the use of several training devices.

I understand it is the express intent of AmeriCheer, to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities and to participate. I hereby release AmeriCheer, its officers, employees, teachers and coaches from liability, all damages and injuries suffered by my child while under the instruction, supervision or control of AmeriCheer or its instructors.

#### APPEARANCE CLAUSE

I understand that AmeriCheer/AmeriDance produces promotional material about their programs. I understand as a participant, I may be included in videotapes or photographs taken during the event. I hereby grant AmeriCheer/AmeriDance, its successors, assignees, licensees, sponsors, television networks, and all other commercial exhibitors, the exclusive right to photograph or videotape participants and further utilize the participant's name, face, likeness, voice and appearance as a part of this program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that AmeriCheer/AmeriDance is under no obligation to exercise any of its rights, licenses, and privilege herein granted to the participant.

#### COVID-19 LIABILITY

AmeriCheer COVID-19 policies and procedures were created to keep all participants safe and healthy while being an active participant in the gym. Social distancing of six feet will be adhered to unless drills and personal instruction require less separation. AmeriCheer reserves the right to refuse hands on learning regarding participant's survey questions, temperature, noticeable symptoms and/or failure to follow the policies and procedures set forth. AmeriCheer is taking steps to limit potential exposure of participants to COVID-19 acting in line with most current information and applicable recommendations from the State of Ohio and the CDC. AmeriCheer cannot guarantee that employees are not unknowingly carrying or infected with the COVID-19; and the participant nevertheless desires to continue to receive services from AmeriCheer.

I hereby agree to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained at or performing for, AmeriCheer. I further release AmeriCheer and its representatives from any claims present or future as a result of any injury sustained by my child under the supervision of AmeriCheer. This acknowledgement of risk and waiver of liability, having been thoroughly read and understood completely is signed voluntarily as to its content and intent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Session: _____ Class: _____ Day: _____ Time: _____ Class Tuition: _____ Sibling Discount: _____ Prorate: _____ Other Credits: _____ Total Balance Due: _____ Amount Paid: _____ Balance Remaining: _____ Payment Type: CASH CREDIT CHECK Check Number: _____	Session: _____ Class: _____ Day: _____ Time: _____ Class Tuition: _____ Sibling Discount: _____ Prorate: _____ Other Credits: _____ Total Balance Due: _____ Amount Paid: _____ Balance Remaining: _____ Payment Type: CASH CREDIT CHECK Check Number: _____	Session: _____ Class: _____ Day: _____ Time: _____ Class Tuition: _____ Sibling Discount: _____ Prorate: _____ Other Credits: _____ Total Balance Due: _____ Amount Paid: _____ Balance Remaining: _____ Payment Type: CASH CREDIT CHECK Check Number: _____
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