



CRESCENT CITY ALL-STAR CHEERLEADING, L.L.C.

PHONE: (504) 305 - 1199 E-MAIL: COACHFRAN@CRESCENTCITYCHEER.COM

WWW.CRESCENTCITYCHEER.COM

Tumbling Registration/Health Waiver Form

Student's Name: _____

Session registering for (please circle one): Summer Fall Holiday Spring

Class day ** _____ **Class Time** ** _____ **Class level** ** _____

Home Phone: _____ Full date of birth: _____

Parent's name: _____

Address: _____
Street city, state & zip code

Parent's e-mail address: _____ Parent's Cell phone: _____

School: _____ Grade student will be in next year: _____

Tumbling Experience (if any): _____

Most Difficult tumble skill (if any): _____

Injuries – Please list any and all health conditions (i.e. Asthma, allergies, etc.) or previous injuries that would affect performance. List any breaks, fractures, sprains, muscle pulls etc. _____

Parent acknowledges that the Crescent City All-Star Cheerleading Program (CCAC) involves risk to your child. Parent further acknowledges and understands that due to the nature of this activity, which includes inversion and rotation of the body, there is a possibility that **your child may sustain physical illness or injury** (minimal, serious, or catastrophic), in connection with your child's participation, including but not limited to try outs. Parent further acknowledges and understands that **Parent and child are assuming the risk** of such physical illness or injury of your child arising out of, connected with, related to, pertaining to, or resulting from, either directly or indirectly, your child's participation in the CCAC Program, and Parent and child further **release** CCAC and all CCAC's coaches, agents, representatives, directors, members, officers, employees, insurers, servants, subcontractors, subsidiaries, affiliated companies or joint ventures or otherwise, whether or not existing prior to the date of this agreement, (collectively, "Released Entities"), from any claims for damage (including, but not limited to claims, demands, or actions for bodily injury, illness, disease, death, loss of society, maintenance, wages, or property) that your child may sustain arising out of, in connection with, or resulting from participation in the CCAC Program including try outs whether occasioned, brought about, or caused in whole or in part by the negligence, fault, strict liability or intentional conduct of Released Entities, or by any defective condition of any equipment, property or buildings owned, operated, rented, leased, or controlled by Released Entities, regardless of whether such negligence, fault, strict liability or intentional conduct or defective condition be gross, sole or contributory, active or passive, primary or secondary.

PARENT/GUARDIAN'S
SIGNATURE: _____ DATE _____