



# CHEER LEGACY ALLSTARS APPLICATION FORM

Member Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Parent/Guardian) (Parent/Guardian) (Cheerleader)

Email Address: \_\_\_\_\_  
(Fundraising/Tagging/Paperwork)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(September 2021)

Medications/Allergies/Asthma Restrictions: \_\_\_\_\_

### **CHEER EXPERIENCE:**

Type of Team (Pop Warner, AYC, Rec, All Star) \_\_\_\_\_ How Many Years \_\_\_\_\_

(Most Recent)

Level/Team \_\_\_\_\_ Would You Like to Cross Over to Two Teams If Needed: \_\_\_\_\_

**Pictures and Videos will be used of your child and your child's team throughout the season for promotion and on Cheer Legacys Allstars social media pages. Parent Initial \_\_\_\_\_.**

I (we) hereby consent for my (our) child \_\_\_\_\_ to be evaluated and or participate in Cheer Legacy Allstars for the 2021/2022 season. It is understood and agreed that Cheer Legacy Allstars shall not be held liable for any damages arising from personal injuries by the participation in, on, or about the premises resulting from intended use of facilities and equipment including any claim for personal injuries resulting from negligence of agents and employees of Cheer Legacy Allstars or the negligence of any other person on said premises, or injury involved in connection with traveling to, entry in, and returning from any programs.

**THERE IS NO VOLUNTARY MEDICAL REIMBURSEMENT FOR CHEERLEADING ACTIVITIES. YOU MUST PARTICIPATE AT YOUR OWN RISK.**

For the protection of your child's health and safety, you should not register for any sport or activity if you weretreated for or are now afflicted with any one of the following (Doctors approval may be required if necessary, but not limited to said health issues): Heart Disease, Heart Murmur, Lung Disease, Kidney Disease, Hernia (rupture) which was not repaired, broken bones now being treated, Epileptic Seizures (fits) even if now controlled by medication, high blood pressure, loss of consciousness, for any reason and rheumatic fever. I certify that my child is physically able to compete without any restriction and does not have any of the aboveconditions. If in doubt, consult your personal physician for their recommendations before approving and consenting to the child's participation. \*Must be signed before child can participate.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date