

ANNUAL REGISTRATION FORM

PLEASE PRINT

Athlete's Name:	Date of Birth:	Current Age:
Home Street Address:	City:	Zip Code:
Parent's Email:	Home Phone:	
Mother's Name:	Cell #:	Work #:
Father's Name:	Cell #:	Work #:
Mother's Place of Employment:	Father's Place of Employment:	
Athlete's Email:	Athlete's Cell #:	Athlete's Grade/School:
Emergency Contact:	Phone:	
Insurance Company:	Policy #:	
Medical Conditions/ Allergies:		
Tee-Shirt Size: YXS YS YM YL YXL Adult XS Adult Small Adult Medium Adult Large Adult XL Adult XXL		

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE I, the undersigned parent/guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading and tumbling with Crown Athletics. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment, at my expense, for my daughter/son for such injury or illness during the activity, and I hereby hold Crown Athletics, its representatives and lessors harmless of the exercise of authority. I understand that this activity involves risk to the participant. I further acknowledge and understand that, due to the nature of this activity which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious or catastrophic) in connection with her/his participation. I further understand that my daughter/son and I are assuming all risk and cost of such physical illness or injury. I release Crown Athletics and its representatives and lessors from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity. I further understand that Crown Athletics has established rules and regulations pertaining to conduct, safety, behavior and activities of all cheerleading/tumbling participants and parents, by which my daughter/son and I must abide while she/he is a member of this cheerleading team/program and that my daughter/son and I will be responsible for our failure to abide by those rules and regulations. My daughter/son and I have read, understood and agree to all conditions set forth in the above medical treatment authorization and liability form.

Signature of Parent or Guardian, if participant is under 18

Date

Signature of Participant (age 18 & older)

Date

OFFICE USE ONLY	AGE GROUP: _____
Tryout Fee : \$20	PAID: _____