



# Registration Form

The mission of Washington Extreme Cheer and Dance is to build successful athletes with confidence, strong character, and foster a passion for the sport of cheerleading and dance. We teach the value of team work, sportsmanship, accountability, and developing skills while building confidence in a fun and safe environment.

Date: \_\_\_\_\_

## How did you Hear about Washington Extreme?

- Newspaper                       Gym                                       Social Media  
 Radio                                 Friend: \_\_\_\_\_                       Other: \_\_\_\_\_

	Parent's/Guardian's Name	E-mail Address	Home Phone	Work Phone	Cell Phone
Mother					
Father					
Other					

Parent/Guardian's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*only complete if different from athlete

	Athlete's Name	Birthday MM/DD/YY	Gender	Age as of 8/31	Athlete's E-mail	School/Grade
1 <sup>st</sup>			M / F			
2 <sup>nd</sup>			M / F			
3 <sup>rd</sup>			M / F			

Athlete's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Athlete's Phone Number: \_\_\_\_\_

Previous Cheer, Dance or Tumbling Experience: \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

**Emergency Contact person (Other than Parent/Guardian):** \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Appearance Clause

I understand that from time to time WE produces promotional material about its programs. I understand that as a participant I or my child may be included in videotape or photographs taken during observation, instruction, classes, practices, performances and/or competitions. I hereby grant WE, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors, the exclusive right to photograph and/or videotape the participant and further utilize participants face, likeness, voice and/or appearance as part of the program in advertising, marketing and promoting the program without reserve or limitation. In granting this license, I undersign that WE. is under no obligation to exercise any of its rights, licenses and privileges herein granted by the participant.

*Please initial blanks:*

\_\_\_\_\_ I understand that any formal or informal team photo may be placed on the website for informational/promotional purposes anytime during the year.

\_\_\_\_\_ I understand that any/all photos taken of me/ my son/daughter as a member of Extreme Spirit Cheer and Dance and/or its affiliated gyms may be used for publication and team promotion.

\_\_\_\_\_ I understand that casual action photographs may be taken during observation, instruction, classes, practices, performances and/or competitions.

**I do not want any individual photographs of my son/daughter \_\_\_\_\_ placed on Washington Extreme Cheer and Dance websites.**

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

\_\_\_\_\_  
Date

**WASHINGTON EXTREME CHEER AND DANCE**

**5615 E. Broadway Ave, Spokane Valley WA 99212**

**(509) 389-4028**

**WashingtonExtreme.com**

# **Parental Waiver, Release of Liability & Insurance Information**

I am the parent or legal guardians of the child(ren) identified below and voluntarily authorize and give my full consent and approval for my child(ren) to participate in any activity or sport at Washington Extreme Cheer and Dance or Extreme Spirit, LLC (Hereinafter "WE"). I understand that there are inherent dangers associated with cheerleading, tumbling, gymnastics, and dance and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. This includes both in participation at WE's facility or at any facility hosting any event or competition associated with WE including any risks associated with weather conditions, travel, playing conditions, equipment and other participants and athletes.

I understand that the very nature of cheerleading and dance and related activities is hazardous and risky including, but not limited to, the risks associated with tumbling and person to person contact. I assume all risks, whether foreseen or unforeseen, in connection with my child participation in this activity. Further, I agree to the following in consideration for the right to allow my child to participate at a WE facility or as a WE member or athlete and in consideration for permission to participate in teams or classes:

1. On behalf of my child(ren) and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child while practicing as a member of the a team or in a class; or while serving in a non-playing capacity as a team member or observer during practice or class.
2. In addition to giving my full consent for my child(ren)'s participation, I do hereby waive, release, discharge and agree not to sue WE, or any person or entity connected with WE for any claim, damages, costs including attorney's fees, or cause of action which I or my child have or may have in the future as a result of damages or injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in any sport or activity offered by WE and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, **EXCEPT** as made known to WE and authorized in writing to participate regardless. In any such event the remaining terms of this release are still in full force and effect.

I AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE "WE", TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY, SPORT, OR CLASS.

**I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.**

Child(ren)'s Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Child(ren) Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Further medical information, special needs and disabilities: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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