

Check all that apply:

- ☐ ALL STAR CHEER
☐ CHEER CLUB
☐ TRIAL CLASS
☐ GYM RENTAL
- ☐ ALL STAR DANCE
☐ PRIVATE LESSON
☐ CLASS
Misc. _____



For office use only

Team/Class: _____
Registration Date: _____
Payment Method: _____
Payment Amount: _____
Opt-out Gym Fundraisers ___ Yes ___ No
Total Due: \$120.00

REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Gender ☐ Male ☐ Female Date of birth: ____/____/____
Cell Phone #: (____) _____
E-mail: _____
Facebook: _____
Grade: _____ School: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: _____
Cell Phone #: _____
Work Phone #: _____
Email: _____
Parent/Guardian #2: _____
Phone: (____) _____
Cell Phone: _____
Email: _____

MEDICAL INFORMATION

Please list any physical/psychological limitations, injuries, or weakness that may affect the athlete's participation and/or performance:

Asthma: _____ Allergies: _____ Diabetes: _____ Epilepsy/fainting: _____ Migraines: _____
Heart trouble: _____ Contact Lenses: _____ Abnormal/irregular menstrual cycle: _____

Medical conditions currently being treated: _____ Pre-existing injury: _____
Medication currently taking: _____

Doctor's Name: _____ Doctor's Number: _____
Insurance Carrier: _____ Policy Number: _____
Emergency Contact: _____ Relation: _____ Emergency Contact #: _____

TRIPLE THREAT CHEERLEADING & DANCE, LLC (Herein after referred to as "Triple Threat") Acknowledgement, Authorization, & Release Form

In consideration for (athlete's name) _____'s participation in the activities provided by Triple Threat, including but not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I hereby release and discharge all rights and claims against Triple Threat, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premises of Triple Threat, including any event sponsored or sanctioned by Triple Threat, and/or travel to and from such activities. Triple Threat strives to provide a maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury, or illness that may occur. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under New York State law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Triple Threat, including its officers, shareholders, agents, and employees, from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by Triple Threat. This release is intended to be binding upon the athlete his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I have read and understood the registration form and agree to all terms as stated above. I also attest that all information is factual. I certify that the athlete is in good health and may participate in activities at Triple Threat. It is the responsibility of the parent/guardian to inform Triple Threat of any updates throughout the year. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Triple Threat to take the above named athlete to a qualified medical or hospital facility or care and treatment. I also give Triple Threat and its representatives consent to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Triple Threat instruction, practices, or performances. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need be made under this authorization. I give Triple Threat the right and permission to film, photograph, or videotape the above named athlete or me for any reproductions associated in any way with any Triple Threat, in particular, reproduction for use in any form of advertisement for promotional purposes and waive any rights of compensation or ownership thereto. I understand that I am fully responsible for any and all fees incurred through participation with Triple Threat. In the event the above named is dismissed or quits the program, I understand that I am still fully responsible for any and all fees incurred and all services rendered.

Athlete Name (Print): _____
Athlete Signature: _____
Date: _____

Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Date: _____