

NORTH SHORE CHEER X-PLOSION

Participants name (PLEASE PRINT) _____

Parent's name (PLEASE PRINT) _____

I the undersigned parent or guardian do hereby grant permission for my son/daughter, whose name is _____ and hereinafter shall be referred as to the "participant", to participate in any and all activities at North Shore Cheer X-plosion facility. I acknowledge, understand, and agree that in taking part in such event there is a possibility of physical injury and that the participant is assuming the risk of such illness or injury by participation. In order that the participant may receive the necessary medical treatment in the event of an injury or illness. I hereby hold North Shore Cheer X-plosion and its representatives harmless in the exercises of this authority. I further agree to hold harmless North Shore Cheer X-plosion and its representatives from any and all liability for any claim whatsoever, including any claim arising out of injury or illness incurred by participant during the course of cheer activities, tumbling activities or any related activities in this facility.

Medications participant is currently taking _____

Allergies _____

Ongoing medical conditions _____

INSURANCE COMPANY _____

POLICY # _____

SUBSCRIBERS NAME _____

Parent signature

Participants signature

Address

City, state, zip

Phone number

Email address

CHEERING ORGANIZATION