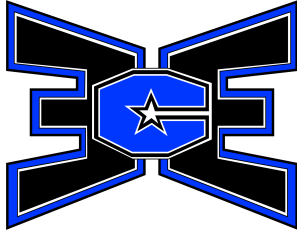


MEMBER TYPE: \_\_\_\_\_



# East Celebrity Elite Hingham Registration Form 2019-2020

Athlete's Legal Name: \_\_\_\_\_ Athlete's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City/Town, State, ZIP Code: \_\_\_\_\_

Age as of August 31, 2019: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Are there any other medical conditions that we should be aware of?

\_\_\_\_\_

## **Media Release**

By signing below, you agree to give us permission for the listed athlete to be photographed and/or videotaped while inside of our gym. Some of these photos and videos will be used for publicity or to model different aspects of our program.

\_\_\_\_\_

## **Emergency Contact Information:**

Who should we contact in case of emergency?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

## **Medical Information:**

Primary Care Doctor's Name/Facility: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

I give the above named permission to participate in the program(s) of South Shore Cheer Academy, LLC and East Elite Cheer Gym, Inc. Also the above named child (his/her legal guardian or parent if under eighteen years of age), agrees to indemnify and hold harmless South Shore Cheer Academy, LLC and East Elite Cheer Gym, Inc., its' officers, employees and coaches/instructors from and against all liability, claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred, and arising from the child's participation in any South Shore Cheer Academy, LLC or East Elite Cheer Gym, Inc. program, or by reason of any injury or any damage to said child or to any person or property occurring during said participation, or from any cause whatsoever. I fully realize that activities at South Shore Cheer Academy, LLC and East Elite Cheer Gym, Inc. can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for South Shore Cheer Academy, LLC and East Elite Cheer Gym, Inc. to give my child simple first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for medical care. The above named child(ren) is physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the Parent/Guardian to let us know of any updates throughout the year.

\*\*\*Read and Agreed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_