

CNY Cheer Company, Inc.

2009-2010 Clinic/Class/Open Gym Registration and Release form

Participant's Name: _____ Date of birth: _____

2009-2010 school grade: _____ Team Name: _____

Participant's Address: _____ City: _____

State: _____ Zip: _____ Home Phone #: () _____ email: _____

Parent/Guardian Name: _____ Work Phone #: _____

Additional Emergency Contact: Name: _____ Relationship: _____

Phone #: () _____ Email: _____

Class/Clinic/Event attending: _____

Medical & Insurance Information:

Insurance Company: _____ Policy #: _____

List any medications currently taking: _____

List any medication participant is allergic to: _____

Family Physician: _____ Phone #: () _____

Medical Treatment Authorization & Liability Release:

I hereby grant permission for my child _____ to participate in a CNY Cheer Company summer camp, clinic, or class.

I grant permission to licensed hospital and/or health center staff members or EMT/paramedics on site, to administer immediate medical treatment as deemed necessary to my child should he/she be injured during the event. Further, I understand that I am responsible for payment of expenses incurred relating to my child's participation in the event and any medical treatment required.

I further release CNY Cheer Co., Inc and it's representatives from any claims for injury or illness that may be sustained as a result of their participation in this event. By signing this form I also grant permission for CNY Cheer Co., Inc. to use photos for future advertisements. I have read the above statement and agree in full to it's content.

Parent/Guardian Signature: _____ Date: _____