



## 2010-2011 All-Star Registration Form

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Fall 2010 Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Release

I, the parent or legal guardian of the named athlete, hereafter referred to as "athlete" do hereby permit the "athlete" to participate in gymnastics, tumbling, cheerleading or any other physical activities while an athlete at Columbia Extreme Cheer, Inc., hereafter referred to as "CEC". By granting permission for "athlete" to participate in programs at "CEC", I assume full responsibility for "athletes" personal safety and release "CEC", its supervisors and employees from any and all liabilities that may arise due to any injury including death to "athlete" by reason of "athletes" participation in any activity at "CEC" or in which "CEC is participating elsewhere.

I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death.

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I have read, understand and execute this release form.

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

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_