



Registration Form

Family Information

Student's Name _____

Last First

Age _____ DOB _____ - _____ - _____ Sex _____

Month Day Year

Level _____ 1st Class Choice _____ / _____

2nd Class Choice _____ / _____

Home Phone(_____) _____

Parent/Guardian _____

Last First

Address _____

Street

City State Zip Township

Work Phone(_____) _____ Ext. _____

Cell Phone (_____) _____

Parent/Guardian Email _____

How did you hear about us?

- | | | |
|--------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> Radio | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Birthday Party | <input type="checkbox"/> Newspaper | <input type="checkbox"/> International Gymnastics |
| <input type="checkbox"/> Website | <input type="checkbox"/> Pocono Parent | <input type="checkbox"/> Pocono Sports Extra |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other _____ | |

Emergency Information

Mother/Guardian _____

Work Phone (_____) _____ Cell Phone (_____) _____

Father/Guardian _____

Work Phone (_____) _____ Cell Phone (_____) _____

Person to contact in an emergency if you cannot be located:

_____ Relationship to child _____

Phone (_____) _____ Cell/Work (_____) _____

Any physical or medical history (including allergies) we should know about:

APPRECIATION OF RISK:

Participation in cheerleading and gymnastics activities involves motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. Catastrophic injury, paralysis, and even death can result from improper conduct of the cheerleading and gymnastics activity. Appreciate this WARNING as well as the fact that, even under the best conditions, participation in cheerleading and gymnastics activities involves inherent risk on the part of the performer. The undersigned certify that the inherent risks of cheerleading and gymnastics participation are adequately appreciated and that said participation is done on a strictly voluntary basis. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by cheer school rules. My child and I both agree that he or she is familiar with these rules and will obey them.

I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child as conditions warrant.

I hereby release Pocono Cheer School, it's officers, employees, and agents from any and all liability, claims, demands, controversies, damages, actions and causes of action which may occur by reason of injury, death loss of services or consortium, property damage and any and all other loss and damages of any kind and nature sustained by or resulting in the undersigned from the use of said cheerleading and gymnastics equipment and facilities. This release shall bind the undersigned, their heirs, administrators and assigns. In the event of a dispute, a cause of action may only be brought in a court of competent jurisdiction in Monroe County, Pennsylvania.

MEDIA RELEASE : I understand that Pocono Cheer School retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for the school's website, publicity, advertising, or any legitimate purpose. In compliance with COPPA (Child Online Privacy Protection Act) my signature confirms that I understand and agree that my child's picture (without name) may be used on publicly accessible areas of the PCS website.

Signature Lines

Participant (if 7 years & older)

Date

Parent / Guardian

Date