

**DLK Elite Inc.**  
**3408 W. Main St. Tampa, Fl 33607**  
**(813) 354-9064**  
**Cheer Tampa Member Information Form**

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**Cheerleader Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ Age on 8/31/10 \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Information (If applicable)**

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Information**

Emergency Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_ Group No.: \_\_\_\_\_

Medications Currently Prescribed for Cheerleader: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Injuries: \_\_\_\_\_

\_\_\_\_ Please check here if the participant is not covered under any insurance policy. Please be aware that any and all bills will be sent directly to the above listed parent or guardian. If a parent or guardian is not applicable all bills will be sent to the listed cheerleader.

Cheer Tampa \_\_\_\_ has my permission or \_\_\_\_ does not have my permission to release my contact information to other parents or cheerleaders. \_\_\_\_\_ (Initial)

I hereby certify that all of the information stated above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Cheer Tampa Inc.**  
**Participant Agreement, Release and Assumption of Risk**

In consideration of the services of CT Inc., CT Booster Club Inc., it's owners, agents, officers, employees and all other persons or entities acting in any capacity on their behalf (here in after collectively referred to as "CT"), I hereby agree to release, discharge, and hold harmless CT, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of CT pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks:

Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risk that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished.

Cheerleading and gymnastics expose participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be requires which you must pay for yourself.

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I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with CT – related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the known and unknown risks. I herby voluntarily release, forever discharge, and agree to hold harmless and indemnify CT from any and all liability, claims, demands, actions or rights of action, that are related to, arise out of, or are in any way connected with my child's participation in CT-related activities.

Should CT be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

I certify that my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child or myself. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.

In the even that I file lawsuit against CT, I agree to do so solely in the State of Florida and I further agree that the substantive and procedural laws in the state shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.

By permitting my child to participate in the CT cheerleading program, I understand and acknowledge the fact that participation in cheerleading involves a certain degree of risk. I hereby release CT and the Ct booster club, its owners and employees, jointly and separately, form any and all personal injury claims arising through or from the participation in activities as a student of CT. CT recommends a doctors physical for participation in cheerleading or gymnastics for your child's benefit.

In consideration for \$ \_\_\_\_\_, I agree to pay (a nonrefundable and non transferable) fee to CT for gym instruction. I agree to pay a \$25 return check fee in the event that one of my checks is returned to CT unpaid. I further understand and agree that a second offense will result in a cash only status with CT). I agree to pay a yearly registration fee of \$35.00 for an individual membership or \$50.00 for a family membership.

I agree to pay for all private lessons in cash at the front desk before the start of the private session. Private lessons must be cancelled at least twenty-four hours prior to the lesson or pay the full fee or my child will not be able to participate in ANY CT classes or additional privates until payment has been made.

Furthermore, I authorize CT to procure at my expense, any medical care reasonable by aforesaid child during his/her visit at hospitals or facilities chosen by CT. I present that any medication to which aforesaid child is allergic or currently taking is listed above and that my child is responsible for consuming the prescribed dosage.

I hereby certify that I have read and understand the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDIA RELEASE:** I hereby release any photos and video footage of my child that may be taken during instruction at CT. I understand that these photos and/or videos will be in good taste and for the use in future promotional materials.

I hereby certify that I have read and understand the media release agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_