



MEMBER Information and Waiver

ALL members utilizing the facility must fill in this form completely (parent/ guardian signatures required for those under 18)

NAME of member: _____

Emergency Contact information

Parent/Guardian 1 Name: _____

Home Phone #:() _____ Work Phone:() _____ Cell Phone:() _____

Parent 1 Email: _____

Parent/Guardian 2 Name: _____ PHONE #: _____

Home Phone #:() _____ Work Phone:() _____ Cell Phone:() _____

HEALTH CARD #: _____ Date of Birth: _____
(MM/DD/YY)

HOME ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

I, the undersigned parent or guardian do hereby grant permission for my son/daughter _____ to train at the Power Cheer Gym. I acknowledge, understand and agree that in participating in cheerleading/training, there is a possibility of physical injury/illness (both acute and permanent) and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son/daughter's participation.

In order that my son/daughter/I may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the Power Cheer Gym staff/coaches to facilitate medical treatment for my son/daughter for such illness or injury sustained during time in the gym. Furthermore, Power Cheerleading Athletics, the Gym director or staff of PCA or owners will not be held responsible for any injury or illness incurred while my son/daughter is in the gym.

Parent/Guardian* Name (Please Print): _____ *Participants 18 yrs of age may sign for self.

Parent/Guardian* Signature: _____ Date: _____

Note: This information is only used for member identification and medical emergency. The names numbers or information will not be used for advertising or any other purpose.

Please check any known medical conditions that the staff should be aware of:

Allergies: Bee stings _____ Penicillin _____ Food _____ Specify: _____

Any Orthopedic Conditions that will limit safe participation in any activity:
(be specific): _____

Contact lenses? _____ Do you have asthma _____ Are you diabetic _____ Other (be specific): _____