

Kick-OFF Camp 2010

2010 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be completed and is applicable only for the 2010 camp. This form must be submitted to Barbara DellAngelo, Director for the 2010 Kick-Off Camp. All forms must be completed and handed in with payment on or before July 2, 2010,

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Also known as _____

Address _____

City _____ State _____ Zipcode _____

Phone No: _____ Birth date _____

Gender: ___ Male ___ Female

School: _____ Grade Level (as of 9/10): _____

Mailing Address if different from above:

City _____ State _____ Zip _____

Name of Parent/Guardian _____

Relationship to Athlete: _____

Address (if different from above) _____

City _____ State _____ Zipcode _____

Telephone No: _____ Email Address: _____

Emergency Contact Information (if the parent/guardian cannot be reached):

Name _____ Relationship to Athlete _____

Home Telephone No: _____ Cell or work No.: _____

Insurance Company: _____ Policy # _____

For Kick-off Camp Use Only:

Participant Fees Amount Paid \$ _____ Type of Transaction: ___ Cash ___ Check ___

Division of Play (circle one): F/Tiny Mite/ Mitey Mite/ Jr.Pee Wee/ Pee Wee/ Jr .Midget, Midget

Assigned Stunt group: _____

2010 Parental/Guardian Permission and Waiver Participant Name: _____

1. PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in the 2010 Kick-OFF camp, to be held at Champion Gym, and has permission to participate in all cheer and tumbling activities, including stunting .

2. INTENT TO INFORM

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in cheerleading may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Camp Director Barbara Dell'Angelo, The staff of the Spirit Zone and/or Champion Gym, and any and all organizers, sponsors, supervisors, participants, and persons ,from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. Initial: _____

3. EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in the 2010 Kick-Off Camp. Activities Initial: _____

Please list any allergies or conditions:

4. INSURANCE DISCLOSURE

I understand that any registration fee paid does not constitute a direct premium for insurance. Secondary insurance is carried by Champion Gym.. Personal Insurance will be the primary insurance. Intial _____

5. RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a Kick-Off Camp participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by the Camp Director or Champion Gym. Any non-compliance with any and all rules and regulations may be cause for dismissal of my child/the participant, from the above named Camp.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above

Signature of Parent/Guardian_____

Print Full Legal Name_____

Signature of Participant_____

Print Full Legal Name_____

Date_____