



**CHICO CHEER ALL STARS INC.**  
**REGISTRATION & RELEASE FORM**

*Registration Annual Fee - \$25.00*

Childs Name \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

City/Town/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Mothers Work # \_\_\_\_\_ Fathers Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Grade In Sept 2009 \_\_\_\_\_

School Attending \_\_\_\_\_ Age as of August 31, 2009 \_\_\_\_\_

Please list any current or previous accidents, illnesses or physical limitations that would stop or prevent your child from participating in Chico Cheer All Stars' programs - otherwise please state "NONE".

Allergies \_\_\_\_\_ Medications \_\_\_\_\_ Other Medical Conditions \_\_\_\_\_

**EMERGENCY INFORMATION**

Who to Contact in case of an Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL INFORMATION**

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insured Name \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Address \_\_\_\_\_

I give the above named permission to participate in the program(s) of Chico Cheer All Stars, Inc. Also, the above named child (his/her legal guardian or parent if under eighteen years of age), agrees to indemnify and hold harmless Chico Cheer All Stars, Inc., its officers, employees and coaches/instructors from and against all liability, claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred, and arising from the child's participation in any Chico Cheer All Stars, Inc. program, or by reason of any injury or any damage to said child or to any person or property occurring during said participation, or from any cause whatsoever. I fully realize that activities at Chico Cheer All Stars, Inc. can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for Chico Cheer All Stars, Inc. to give my child simple first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for medical care. The above named child (ren) is physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the Parent/Guardian to let us know of any updates throughout the year.

Read and Agreed to by: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_