



Non Competitive Registration Form

Please PRINT CLEARLY and fill out all information that applies:

Registering For (circle one): Team Ignite, Striker, Sparks

Athlete Name: _____

Birth Date (MM/DD/YY) ____/____/____

Address: _____

City, Province, Postal Code: _____

Parent(s) Name: _____

Main Phone: (_____) _____

Athlete Cell: (_____) _____

Mother Cell: (_____) _____

Father Cell: (_____) _____

Main Email _____@_____

Athlete Email _____@_____

Primary Physician: _____ phone (_____) _____

Emergency Contact: _____ phone (_____) _____

Please list any known allergies: _____

T-SHIRT SIZE (SPARKS ONLY): _____



Medical Information Form

Team: _____

Name of athlete: _____

Home Phone: _____

Date of Birth: _____

Health Card Number: _____

Address: _____

Postal Code: _____

Parent/Guardian: Father _____

Work Phone: _____

Mother _____

Work Phone: _____

Emergency Contact (if above not available):

_____ Phone: _____

Medical Information:

Name of Family Physician _____

Date of last complete medical examination: _____

Is your son/daughter allergic to any drugs, food or medications? Yes ? No ?

Is your son/daughter currently taking any medication or drugs for which a prescription is required?
Yes ? No ?

If yes, provide details: _____

Does your son/daughter wear glasses? Yes ? No ?

Does your son/daughter wear a hearing aid? Yes ? No ?

Does your son/daughter wear contact lenses? Yes ? No ?

Does your son/daughter wear a medical alert bracelet or necklace? Yes ? No ?

Has your son/daughter had or have now, any of the following?

Anaphylaxis	Yes ? No ?	Diabetes	Yes ? No ?
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Arthritis/Rheumatism	Yes ? No ?	Epilepsy	Yes ? No ?
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Asthma	Yes ? No ?	Headaches	Yes ? No ?
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Chronic Nose Bleeds	Yes ? No ?	Heart Trouble	Yes ? No ?
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If yes to any of the above or any physical condition which may impact activities, please provide details:



PARTICIPATION, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

Name of Child/Participant _____

Home Phone _____

Any Known Allergies _____

Parent/Guardians Name _____

Parent/Guardians Phone Number _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

WARNING!

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

ALL SPORT, INCLUDING CHEERLEADING, HAS ITS RISKS

I desire to voluntarily participate in cheerleading. I hereby acknowledge that I am aware of the risks and hazards associated with or related to cheerleading. The risks and hazards of cheerleading include, but are not limited to, injuries relating to:

- ??Executing strenuous and demanding physical techniques;
- ??Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
- ??Exerting and stretching various muscle groups;
- ??Dryland training;
- ??Falling or colliding with the floor, mats, walls, stands, equipment or with other participants;
- ??Failing to properly use any piece of gymnastics equipment or from the mechanical failure of any piece of gymnastics equipment;
- ??Contacting or being struck by other participants (including spotters), spectators or equipment;

_____ Initial

Furthermore, I am aware that:

- ??Injuries sustained in cheerleading can be severe and even fatal;
- ??Injuries sustained in cheerleading can render me permanently paralyzed;
- ??I may experience anxiety while challenging myself during the activities, events and programs;
- ??Rules are designed to enhance the safety of myself and others and are to be followed at all times;
- ??My risk of injury increases as I become fatigued.

_____ Initial

AGREE TO BE RESPONSIBLE FOR MYSELF or MY CHILD(REN):

I agree that there are risks in cheerleading as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

In consideration of my participation in cheerleading programs, activities and events, I hereby release the Dynamite Cheer All Stars Inc, their coaches, and owners, Ontario Cheerleading Federation, St Paul's United Church and, their respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owner's/operators of the facility and representatives' (collectively the "Federation") from any and all claims, demands, actions, injuries, expenses and costs which might arise out of my participation.

_____ Initial

ACKNOWLEDGE of THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Name of Parent/Guardian _____
(please print)

Signature of Parent/Guardian: _____

Date _____