

## CVCC CHEERLEADING INFORMATION SHEET

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please list any conditions that you have that might affect performance of cheerleading activities: \_\_\_\_\_

Tee Shirt Size (circle one): YS YM YL AS AM AL

Shoe Size \_\_\_\_\_

### **RELEASE AND INDEMNIFICATION AGREEMENT** **READ CAREFULLY BEFORE SIGNING**

I hereby acknowledge that participation in the cheerleading program carries with it potential hazards. I realize my child could fall, be knocked over, run into, or bumped; receive bruises, broken bones, concussion, or serious injury while participating in tumbling and/or stunts.

IN CONSIDERATION for having the opportunity to participate in the cheerleading program, I hereby release and indemnify, hold harmless, waive and release any and all claims against CVCC, the coaches and instructors, or their executors, administrators, heirs, next of kin, successors or assigns of and from any liability as a result of my or my child's participation. I confirm that I am or my child is covered by personal/private health insurance.

I hereby attest and verify that I am or my child is physically fit to participate in the cheer camp and with no physical, medical, or mental disability or other limitation that would restrict full participation.

\_\_\_\_\_  
Signature of cheerleader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Years cheerleading experience: \_\_\_\_\_ Where? \_\_\_\_\_

Years tumbling experience: \_\_\_\_\_

Tumbling skills (without spotter): \_\_\_\_\_

\_\_\_\_\_

Flying Experience? \_\_\_\_\_ List skills perfected: \_\_\_\_\_

\_\_\_\_\_

Basing Experience? \_\_\_\_\_ List stunts and positions: \_\_\_\_\_

\_\_\_\_\_

Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Please check and explain any of the following conditions:

\_\_\_\_\_ low blood sugar

\_\_\_\_\_ asthma / use of inhaler

\_\_\_\_\_ any diagnoses that require medication, such as ADD

\_\_\_\_\_ allergy to bee stings requiring use of epi-pen

\_\_\_\_\_ other