



Registration Form:

First Name _____ Last Name _____
Gender _____ Grade _____
Parent Guardian:
Work Phone _____ Cell Phone _____

Emergency Contact:

Name _____ Home Phone _____
Cell Phone _____

Medical Information:

Doctor's Name _____
Allergies (if non please state so) _____

Other Medical Conditions _____

Just Cheer Elite Training Academy

- _____ \$99 a month for 1 class a week*
 - _____ \$160 a month for 2 classes a week*
 - _____ \$59.99 an hour for private classes*
- (*Does not include one time \$25 registration fee. If student misses class they forfeit payment.)

Medical Consent Form

In the event of an accident, injury or illness of the below named participant, consent is hereby given to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by and is to be rendered under the general special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff employed by the director of the Emergency department of an appropriate medical facility depending on injury. (This authorization as it relates to a minor, is given pursuant to the provision of Section 25.8 of the Civil Code of California) I release the Hangar Athletic Xchange & its elected representatives, agents & employees from any and all claims, demands, liability or loss which may arise as a result of participating in the above activity.

Release of Liability

I hereby certify that I am the parent or legal guardian of _____ (minor) who is participating in the activity conducted by the **Just Cheer Elite Training Academy**. I further certify that said minor is in good health, has no physical or other impairment which would endanger him/her when participating in such a program. I absolve and hold harmless Hangar Athletic Xchange, its employees, officers or agents from any liability which may result from his/her participation in the above activity. If the participant is a minor, I also give my permission for his/her participation in activity, and for any necessary medical treatment. I understand Hangar Athletic xchange has no obligation to supervise my child(ren) at the close of the above activity, and I release Hangar Athletic Xchange, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the activity. Participants involved in hangar Athletic Xchange programs may be photographed and such photographs may be used to publicize Hangar Athletic Xchange programs and activities.

Parent or Guardian Signature: _____
Date: _____

**Media Release Form
Just Cheer Elite**

In an effort to bring educational and promotional content to a wider audience, Just Cheer Elite may from time to time film or take still photos during classes or events. Just Cheer Elite content may be available on websites or other media outlets.

With your signature below (and that of your parent/guardian), you agree to allow Just Cheer Elite, its respective licensees, successors and assigns (“licensed parties”) to publish videos, photos, audio recordings, and/or transcript involving you (“Content”) on Just Cheer Elite websites or other media outlets and grant a royalty free, irrevocable perpetual license to exploit, edit, modify and distribute such content.

I _____ (see below) _____ consent that video and audio recordings of my voice and image as described above may be used by Just Cheer Elite websites or other media outlets.

Date: _____

Print Name: _____

Signature: _____

Email: _____

If aboved mentioned participant is not yet 21 years old, complete the following form:

I, the undersigned, hereby warrant that I am the _____ [insert the word “parent” or “guardian,” as appropriate] of _____, a minor, and have full authority to authorize the above Release which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Release.

Signature of Parent or Guardian:

Address:

Date: