



SUMMER AE CAMPS 2017



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Athlete Information Form

Name: _____ Age: _____ Birthdate: _____

Email: _____ Cell Phone: _____

Do you have any previous cheerleading experience: YES NO

If so, where or which team/teams: _____

PARENT INFORMATION:

Mother: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Father: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Do you have any previous or current medical conditions: YES NO

Please explain: _____

Do you have any existing allergies: _____

T-Shirt Size: YS YM YL AS AM AL AXL



FIRST AID AND INJURY RELEASE

I acknowledge and agree the potential for injury exists in any activity associated with Atlanta Elite Allstars including without limitation, sprains, broken bones, head injuries, neck injuries, back injuries, paralysis, other serious injuries and death. Atlanta Elite Allstars and its employees, officers, and instructors shall not be responsible for losses and damage associated with participation in any activity, exhibition, competition, clinic or travel to and from any event.

Parent signature: _____ Date: _____

I hereby release and authorize Atlanta Elite Allstars, its employees, officers, and instructors to render first aid in the event of any injury or illness or to seek medical assistance if deemed necessary, and to transport my child to a medical facility or call an ambulance.

Parent signature: _____ Date: _____



PHOTO / VIDEO RELEASE

I acknowledge and agree that my child or children's photograph and/or video may be taken during class instruction or during an event. I hereby grant permission for the photograph and/or video of my child to be used for any and all publicity and printing purposes:

This ____ day of _____, _____.

Parent Signature