



Cheer and Dance LLC
Registration Form

For office use only
Team/Level:
Registration Date:

Athlete Information
Name:
Address:
City: State: Zip:
Gender: Age: DOB:
# of years in program SSN#
Athlete's Cell #
Athlete's other #
Athlete's Email:

Parent/Guardian Information
Parent Guardian 1:
Cell #
Other #
Email:
Parent Guardian 2:
Cell #
Other #
Email:

Medical Information

Please list any physical/psychological limitations, injuries, or weakness that may affect the athlete's participation and/or performance.

Medication:
Allergies:
Doctor's Name:
Doctor's #:

Insurance Carrier:
Policy #:
Emergency Contact:
Emergency Contact #:

Business Information

Do one of your family members or anyone you know own a business that might conduct transactions with CenterStage Cheer and Dance LLC? If so, please fill out the following information:

Business Name: Contact: Phone:
Type of Business: Email: Website:

CENTERSTAGE CHEER AND DANCE LLC. (C.C.D., LLC)
ACKNOWLEDGMENT, AUTHORIZATION AND RELEASE FORM

In consideration for (athlete's name) 's participation in the activities provided by C.C.D., LLC, including but, not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I hereby release C.C.D., LLC, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premises of C.C.D., LLC, including any event sponsored or sanctioned by C.C.D., LLC, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Florida Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend C.C.D., LLC, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by C.C.D., LLC. This release is intended to be binding upon the athlete his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in activities at C.C.D., LLC. In case of an emergency requiring medical treatment, the undersigned hereby authorizes C.C.D., LLC, to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete's Name:

Athlete's Signature:

Date:

Parent / Legal Guardian's Name:

Parent / Legal Guardian's Signature:

Date: