

Greenwich Tumble & Cheer, LLC (DBA Liberty All~Stars)
222 Mill Street, Greenwich, CT 06830

2009-2010 Season Health Form

Name: _____ Birth date: _____

Address: _____

Height: _____ Weight: _____ Date of Last Physical (after 5/01/05) _____

Immunization Record:

DPT Series #1 _____ #2 _____ #3 _____ Date of Last Booster _____

Polio Series #1 _____ #2 _____ #3 _____

Live Measles Vaccine _____

Mumps Vaccine _____

Rubella Vaccine _____ Tuberculin Skin Test _____

What allergies, if any, does this child have? _____

Participant carries an inhaler or Epi-pen (Circle applicable): Y__ N__

Permission to self-administer: Y__ N__ COMMENTS: _____

What medications, if any, does this child take on a regular basis? Please list all.

What illness or condition (I.e. seizures, heart problems, etc.), if any, does this child have that our coaches should be aware of? _____

TO BE COMPLETED BY PHYSICIAN: I have examined the above named person within the last year and have reviewed the health history and immunization records. In my opinion, there are no apparent conditions which would preclude the above individual from participating in rigorous competitive cheerleading activities.

PHYSICIAN SIGNATURE: _____ **DATE:** _____

PHYSICIAN'S NAME, ADDRESS, PHONE: _____

**Please attach a copy of child's last physical.*

Athlete Membership Agreement and Information

(Please initial each paragraph after reading)

In consideration of my membership in Greenwich Tumble and Cheer, LLC and, if applicable, Greenwich Tumble and Cheer, LLC, DBA Liberty All-Stars, and my participation in classes, events, activities and competitions, I agree to be bound by each of the following:

1. **Eligibility:** I/my child agree to comply with all rules of Greenwich Tumble and Cheer, LLC_____

2. **Readiness to Participate:** I/my child are prepared and ready to participate in Greenwich Tumble & Cheer, LLC classes, events, activities and competitions for which I/my child believe he/she is physically and psychologically prepared. _____

3. **Medical Attention:** As the parent or legal guardian of _____, I hereby give my consent, in the event of a medical emergency as determined by any medical physician or provider that any and all medical treatment, including tests, may be given to my child in the absolute discretion of said medical physician or provider. I hereby authorize any of the coaches, trainers, employees or staff members of Greenwich Tumble and Cheer, LLC, or any other escort of the child, to provide, in my place and stead, any and all required authorization for medical treatment. I understand that reasonable steps will be taken to contact me as soon as possible. I also understand that in the event of a severe injury, emergency services will be contacted to attend to my child. I understand the purpose of this consent is to prevent undue delay and to assure prompt medical attention. _____

4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in cheerleading and gymnastics activities and events. I further agree that Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars)and the sponsors of any Greenwich Tumble & Cheer, LLC event, along with the employees, agents, officers and directors of this organization shall not be liable for any loses or damages occurring as a result of myself or my child's participation in the event, except where such loss or damage is the result of the intentional conduct of one of the organizations or individuals identified above._____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, activities and competitions conducted by Greenwich Tumble & Cheer, LLC_____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date:_____

Additional comments or medical conditions you feel we need to be aware of:

GREENWICH TUMBLE & CHEER, LLC (DBA Liberty All-Stars)
2009-2010 Membership Registration Form

AGE AS OF MAY 31, 2009 _____ GRADE AS OF SEPT. 2009 _____

Name Last: _____ First: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: _____ Does Child have updated Medical: _____

School as of Sept. 2006: _____

Parents E-mail: _____

(Have you signed up on our website? If not, you must do so immediately as well as update any changes to you current information.)

Home Phone: _____ Cell phone: _____

Mother's name: _____ Cell phone: _____

Father's name: _____ Cell phone: _____

Mother's Work: _____ Father's Work: _____

Emergency contact Name: _____ Phone: _____

2nd Emergency contact name: _____ Phone: _____

Physician Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary insurance carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of main policy holder: _____

Medication taken on a regular basis: _____

Does your child/participant carry an Epi-pen _____

Does your child/participant carry an Inhaler _____

Permission to self-administer above: Y__ N__ Comments: _____

Signature: _____

Is there anything you need us to be aware of regarding your child's health or other issues they may have: _____

Allergies: _____

Yearly Membership Date Effective: _____

Office Use Only

____ Membership paid Individual/Family (\$25/\$40) Date: _____

Initial Program Enrollment, Payment amount & form of payment:

____ Tumbling Cheer ____ Cheer/Tumble ____

____ Open Tumble Cheer/Tumble ____ All-Stars ____ Private Lesson ____

Paid: ____ Cash ____ Check Check# _____

**Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars)
222 Mill Street, Greenwich, CT 06830**

**PHOTO, VIDEO AND AUDIO
CONSENT AND RELEASE FORM**

I, _____ of: _____
(Parent's/guardian's name: please print) (Street)
_____ on behalf of _____.
(City, State, Zip) (Child's name please print)

1. Consent to video footage/photos/other images of my child being taken by Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars) for a variety of public relations, communications, and promotional activities, including for publications, promotional material, websites and advertisements, for an undefined period of time;
2. Acknowledge that any recording made by Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars) of any performance of my child in connection with promotional activities is duly authorized and permitted;
3. Understand that any video footage/photos/other images taken may be shown in a public environment in Connecticut, interstate or overseas.
4. Agree that my child's participation in promotional activities may be edited at the sole discretion of Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars);
5. Acknowledge that Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars) is not obligated to include my child in the promotional activities;
6. Release Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars) from any claim by me or anyone on my behalf, and arising out of my child's appearance in promotional activities.
7. Acknowledge that there is to be no payment or further consideration paid for my child's performance.
8. Acknowledge that all tapes, photos, images and negatives are the property of Greenwich Tumble & Cheer, LLC (DBA Liberty All-Stars).

Signed _____
Parent/guardian

Date _____

