

Lightning Elite Cheer

Registration Form: Please fill out all fields.

Athlete Name:				
First	Last	t		
Age: Birth	n Date:/	_/ School Grade:	_	
Address:				
		Cell Phone:		
CELL PHONE NUMBER TO	BE INCULDED IN T	EXT GROUP:		
E-Mail Addresses (include	all that apply):		Athlete	
School Name:				
Parent Full Names:				
Mother				
Address if different from a	athlete's address:			
		Phone		
Address:				
Mother Wk phone:	ext	Father Wk phone	ext	
Lightning Elite Cheer does	not provide individ	dual insurance coverage for ath	letes.	
I have medical insurance of Yes No	coverage for the ab	oove registered athlete:		
	y participate in the	of the above cheerleader, do he e Lightning Elite Cheer and that osite and social media.	•	
Parent or Legal Guardian		Date	Date	
Notes about your athlete	(ALLERGIES, ETC.):			

Lighting Elite Cheer is competitive co-ed cheerleading. We provide the cutting-edge experience our athletes crave. Our focus is athleticism, teamwork, and leadership.

Athlete Name			
deemed necessary by the Lightning Elite Che	coaches, organizers, agents, and staff ctitioners of any kind. With the above Cheer coaches, organizers, agents, child or children in the event of any injury or illness, and if eer staff to call a doctor and to seek medical help, including ff member and or its representatives, whether paid or		
Parent or Guardian			
Signature	Date		
our athletes and their parents aware of the gymnastics, tumbling, and dance. Students in nature. Cheerleading, Gymnastics, Tumb	aff of Lightning Elite Cheer recognize our obligation to make risks and hazards associated with the sport of cheerleading, may suffer injuries, possibly minor, serious, or catastrophic ling, and Dance can be dangerous and can lead to injury. If the possibility of injury and encourage their children to ructions.		
Lightning Elite Cheer and its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.			
to have my child or children participate in the executors or other representatives, waive a	re of the risks and possibility of injury involved, I consent ne programs offered by Lightning Elite Cheer. I, my nd release all rights and claims for damages that I or my and/or its representative whether paid or volunteer.		
insurance coverage which I consider adequal also understand that it is the parent's respective cheerleading, gymnastics, tumbling, and injuries.	the to provide prudent hospitalization, health, and accident the for both my child's protection and my own protection. Consibility to warn the child about the dangers of the parent should warn the child according to what the heer will only warn the child through "Safety Messages"		
Parent or Guardian			
Signature	Date		
Athlete's			
Signature	Date		

Lighting Elite Cheer is competitive co-ed cheerleading. We provide the cutting-edge experience our athletes crave. Our focus is athleticism, teamwork, and leadership.