Lightning Elite Cheer

Registration Form: Please fill out all fields.

Athlete Name:

First _____Last

_____

Age: _____ Birth Date:_____/_____/_____ School Grade on 9/1/24: _____

Address: _____

Home Phone:_____Cell Phone: _____

CELL PHONE NUMBER TO BE INCULDED IN TEXT GROUP: _____

E-Mail Addresses (include all that apply): _____Athlete

School Name:_____ Parent Full Names:

Mother _____

Father _____ Address if different from athlete's address: _____

_____ _____City_____STATE_____ZIP_____

Mother _____ Father _____ Home Phone _____

Address:

_____

Mother Wk phone: _____ext._____ Father Wk phone_____ext._____

Lightning Elite Cheer *does not provide individual insurance coverage for athletes.*

I have medical insurance coverage for the above registered athlete: Yes _____ No _____

I, the undersigned parent or legal guardian of the above cheerleader, do hereby consent and agree that the above named may participate in the **Lightning Elite Cheer** and that occasionally images and video of my athlete may be used on the website and social media for promotions and recruitment.

Parent or Legal Guardian _____ Date _____ Notes about your athlete (ALLERGIES, ETC.):

Lighting Elite Cheer is competitive cheerleading. We provide the cutting-edge experience our athletes crave. Our focus is Athleticism Teamwork and Leadership.

Call & Text: 208-596-7786 lightningelitecheer@hotmail.com www.lightningelitecheer.com

Athlete Name_____

Lighting Elite Cheer Waiver and Release Form

I fully understand that Lightning Elite Cheer coaches, organizers, agents, and staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Lightning Elite Cheer coaches, organizers, agents, and staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Lightning Elite Cheer staff to call a doctor and to seek medical help, including transportation by a Lightning Elite Cheer staff member and or its representatives, whether paid or volunteer, to any health care facility if necessary.

Parent or Guardian
Signature_____Date_____

We, the coaches, organizers, agents, and staff of Lightning Elite Cheer recognize our obligation to make our athletes and their parents aware of the risks and hazards associated with the sport of cheerleading, gymnastics, tumbling, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Cheerleading, Gymnastics, Tumbling, and Dance can be dangerous and can lead to injury. Parents should make their children aware** of the possibility of injury and encourage their children to follow the safety rules and the coaches' instructions.

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 (including stunting), 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.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Lightning Elite Cheer. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Lightning Elite Cheer and/or its representative whether paid or volunteer.

I also affirm that I now have and will continue to provide prudent hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of cheerleading, gymnastics, tumbling, dance, and injury. **The parent should warn the child according to what the parent feels is appropriate. Lightning Elite Cheer will only warn the child through "Safety Messages" and our teaching style and progressions.**

Parent or Guardian
Signature_____Date_____

Athlete's
Signature_____Date_____