



## **CHEERSPORT's Medical Release Form Policy**

### **Parents and Coaches:**

Thank you for choosing CHEERSPORT! CHEERSPORT requires a signed Medical Release Form for *every* competitor at *every* competition. Athletes without a signed Medical Release Form will not be allowed to compete.

### **Coaches:**

CHEERSPORT also requires a Team Roster for *every* team at *every* competition. CHEERSPORT will verify that every member on your Team Roster has turned in a Medical Release Form. To make this process easier, we encourage you to mail us these required forms prior to the competition. If you choose not to mail in the forms, we will check the forms at Coaches' Registration the day of the event. If you bring the forms to the event, we ask that you have your Medical Release Forms in order of how the names are listed on your Team Roster.

If you are attending more than one CHEERSPORT Competition, we do require a new Team Roster for each event. You will also be required to submit a Medical Release Form for all competitors that didn't compete at the prior CHEERSPORT competition.

You may mail the Medical Release Forms and Team Roster(s) to:

CHEERSPORT  
11010 – B Monroe Road  
Matthews, NC 28105

Please ensure enough time before the competition for us to receive your release forms in the mail. If you are mailing forms within 2 weeks of the event, please make copies and bring them with you to the event in case we did not receive them in time.



## **Team Roster Information for Worlds Teams at CHEERSPORT Nationals**

### **Rules for Substitutes and Alternates at Worlds:**

- ★ A Substitute is an athlete that:
  - ★ Meets USASF eligibility requirements (i.e. age, etc.)
  - ★ Is a registered USASF member at your gym
  - ★ Competed on any of your teams (on the floor) at the event where you received your bid
  - ★ You are allowed 10 Substitutes at Worlds (3 of which may be Alternates)
  
- ★ An Alternate is an athlete that:
  - ★ Meets USASF eligibility requirements (i.e. age, etc.)
  - ★ Is a registered USASF member at your gym
  - ★ Did not compete at the event where you received your bid
  - ★ You are allowed up to 3 Alternates at Worlds
  
- ★ Substitutes and Alternates must be registered USASF member athletes at the gym they are competing with at Worlds. Any athlete who transfers from “Gym A” to “Gym B” must have a release waiver signed from their original gym, “Gym A” in order to compete with “Gym B” at Worlds. (for more information and copy of the release waiver, go to [www.usasf.net](http://www.usasf.net))
  
- ★ If you win a World Bid at CHEERSPORT Nationals, we will turn in all of your Junior and Senior Teams Rosters to the USASF on Tuesday, February 21, 2012. Please contact the USASF to make changes to your Roster after you have registered. They will confirm eligible Substitutes and Alternates.

**PLEASE KEEP IN MIND THAT IF YOU NEED TO MAKE ANY CHANGES TO YOUR ROSTER AFTER THE WORLD BIDS HAVE BEEN GIVEN OUT, YOU WILL NEED TO SPEAK WITH A USASF REPRESENTATIVE. CHEERSPORT CANNOT MAKE ANY ROSTER CHANGES FOR YOU. THANK YOU FOR YOUR HELP WITH THIS.**

If you have any questions about Substitutes, Alternates, or Team Roster rules for Worlds, please contact Debi at [Debi.Larson@CHEERSPORT.net](mailto:Debi.Larson@CHEERSPORT.net) or 1-888-READY-OK, ext 223.

# CHEERSPORT **Team Roster** You may type or write on this form.

**Event Attending:**

**Program Name:**

**Team Name:**

**Age Division:**

**USASF Division Level:**

**Coach:**

**Coach Contact Number:**

**Coach Email:**

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ATHLETE NAME	ATHLETE NAME
1.	19.
2.	20.
3.	21.
4.	22.
5.	23.
6.	24.
7.	25.
8.	26.
9.	27.
10.	28.
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18.	36.



# Medical & Liability Release Form

Please Print

Participant Name \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) Grade in School: \_\_\_\_\_

Program Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Name of Coach: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate with CHEERSPORT. I further acknowledge and understand and agree that by participating with CHEERSPORT, there is a possibility of physical illness or injury (minimal, serious, and catastrophic-including death) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of CHEERSPORT or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company. I agree to protect, defend, indemnify and hold harmless CHEERSPORT, including its owners, directors, officers, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation. In addition, I understand that CHEERSPORT produces promotional material about their program. I understand that my son/daughter may be included in video tape or photography taken during this event. I hereby grant CHEERSPORT, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or video tape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that CHEERSPORT is under no obligation to exercise any of its rights, licenses and privileges herein granted.

I have completely read and understand the above release and rules/regulations.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Medical Insurance Company/Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**CHEERSPORT 11010 Monroe Road, Suite B Matthews, NC 28105  
Fax: 704.845.5222 • Toll Free: 1.888.Ready OK • www.CHEERSPORT.net**