

ALL-STAR CHEERLEADING, Inc. ★ TEAM MEMBER LIST

This form must be **submitted with the REGISTRATION FORM** for each registered team. A **NEW** team member list must be submitted for **EVERY EVENT** that this team attends.

Gym/School/Organization _____ Event Attending _____

Team Name _____ Division Code _____ Division Name _____

PARTICIPANT NAME	DATE OF BIRTH <small>(Required for All-Star Teams & Dance Teams Only)</small>	AGE AS OF Aug 31, 2009 <small>(Required for All-Star Teams & Dance Teams Only)</small>	GRADE <small>(School, Rec League & Club Teams Only)</small>	GENDER <small>Male or Female</small>	PARTICIPANTS PAYING CROSS OVER FEE <small>(Mark "X")</small>	DIVISION CODE CROSSING OVER FROM
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I confirm that all information listed on pages 1 & 2 is accurate and that all participants listed on this TEAM MEMBER LIST are registered in the correct division.

Coach Signature _____ Printed Name _____ Date _____

(use page 2 for additional participants)

Gym/School/Organization _____ Team Name _____ Division Code _____

PARTICIPANT NAME	DATE OF BIRTH (Required for All-Star Teams & Dance Teams Only)	AGE AS OF Aug 31, 2009 (Required for All-Star Teams & Dance Teams Only)	GRADE (School, Rec League & Club Teams Only)	GENDER Male or Female	PARTICIPANTS PAYING CROSS OVER FEE (Mark "X")	DIVISION CODE CROSSING OVER FROM
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ALL-STAR CHEERLEADING, Inc. ★ INDIVIDUAL WAIVER FORM

Complete either the "TEAM Waiver Form" OR have each participant complete the "INDIVIDUAL Waiver Form"

Gym/School/Organization _____

Event (s) Attending _____

Team Name _____

Division Code _____ Division Name _____

1. Completely fill out ONE Individual Waiver Form for each participant who will enter any All-Star Cheerleading, Inc. Event
2. Individual Forms must be received at least 10 days prior to the event.

Have your coach or sponsor mail the waiver (with other team waivers) to:

All-Star Cheerleading, Inc.
PO Box 280
Columbiana, OH 44408

NOTE: Waiver forms can be submitted ONE TIME and will be good for all ALL-STAR CHEERLEADING, Inc. Events. You do not need to re-submit waivers for teams that compete at more than one of our events. **EXCEPTIONS:** 1.) A waiver must be submitted for any new team member that has joined the team and 2.) A waiver must be re-submitted for any team members that have changed their insurance information since a previously attended event.

PARENTS/GUARDIANS: READ BEFORE SIGNING THIS FORM

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for him/her to attend and participate in any All-Star Cheerleading, Inc. event with All-Star Cheerleading. I understand that by attending and participating in these events, there is the possibility of physical illness or injury to him/her. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the directors of All-Star Cheerleading, Inc., the owners, staff, the sponsors/venues of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize the directors of All-Star Cheerleading, Inc. to act for me, according to their judgment, in any emergency requiring medical attention. Also, I hereby give my permission for my child to be photographed, videotaped, and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any All-Star Cheerleading, Inc. activity and for publicity surrounding participation in any of these events.

I certify that I have medical insurance on my child that will provide coverage while she/he participates in any All-Star Cheerleading, Inc. event.

Name of Participant _____

Age _____ Birthdate (MM/DD/YYYY) _____

Insurance Company Name _____

Policy Number _____

Signature of Parent/Legal Guardian _____

Printed Name _____

Date Signed _____

ALL-STAR CHEERLEADING, Inc. ★ INDIVIDUAL WAIVER FORM

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Gym/School/Organization _____

Event (s) Attending _____

Team Name _____

Division Code _____ Division Name _____

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Name of Participant _____

Age _____ Birthdate (MM/DD/YYYY) _____

Insurance Company Name _____

Policy Number _____

Signature of Parent/Legal Guardian _____

Printed Name _____

Date Signed _____

ALL-STAR CHEERLEADING, Inc. ★ TEAM WAIVER FORM

TEAM WAIVER FORMS MUST BE COMPLETED AND RECEIVED 10 DAYS PRIOR TO THE EVENT.

Mail to: All-Star Cheerleading, PO Box 280, Columbiana, OH 44408 *OR Fax to:* 1.800.864.3680 *(and then MAIL us the original – we MUST have original copy on file in our office!)*

Waiver forms can be submitted ONE TIME and will be good for all ALL-STAR CHEERLEADING, Inc. Events. You do not need to re-submit waivers for teams that compete at more than one of our events.

EXCEPTIONS: 1.) A waiver must be submitted for any new team member that has joined the team and 2.) A waiver must be re-submitted for any team members that have changed their insurance information since a previously attended event.

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Team Name _____ Division Code _____ Division Name _____

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I CERTIFY THAT I HAVE MEDICAL INSURANCE ON MY CHILD THAT WILL PROVIDE COVERAGE WHILE SHE/HE PARTICIPATES IN ANY ALL-STAR CHEERLEADING, INC. EVENT.

PARTICIPANT NAME	AGE	BIRTHDATE MM/DD/YYYY	INSURANCE COMPANY NAME	POLICY NUMBER	SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE SIGNED
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If you have more than 15 members on this team, please duplicate this form as necessary.

Coach Signature _____