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 for the 2010-2011 season. 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.

Gym/School/Organization _____ Event (s) Attending _____

Team Name _____ Division Code _____ Division Name _____

PARENTS/GUARDIANS: READ BEFOR 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. 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 CHEERELADING, INC. EVENT.

PARTICIPANT NAME (Please list in alphabetical order by participants last name)	AGE	BIRTHDATE MM/DD/YYYY	INSURANCE COMPANY NAME	POLICY NUMBER	SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE SIGNED

Please duplicate this form as necessary. Coach Signature _____ Page _____ of _____