



ELLENWOOD ALL-STARS CHEARLEADING & TUMBIING, INC.

PARENT INFORMATION

NAME _____ LAST _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____ WORK# _____

EMERGENCY # _____ CONTACT _____

DATE OF BIRTH _____ SS# _____

CHILD'S NAME _____ SCHOOL _____

EMERGENCY INFORMATION

I hereby Authorize _____ staff or anyone they may designate, to treat daughter/son _____ for injuries or illnesses they may incur while at an ALL-STAR facility or function.

I authorize necessary medical treatment and admission to any hospital designated by Ellenwood All-Stars or their designate.

I am aware that the ELLENWOOD ALL-STAR CHEERLEADING would obtain a copy of my current driver's license and Social Security card for verification purposes.

It is understood the parents or their agents will be called upon to give additional authorization if advance treatments, (MRI, Lab Test, surgical procedures, etc...) are necessary.

I am aware as a parent or guardian of the above named participant, that I will be responsible for providing proper Insurance coverage information to ELLENWOOD ALL-STAR prior to participation in the ELLENWOOD ALL-STAR program.

I am also aware of the ELLENWOOD ALL-STAR program closed practice policy. All practices are closed due to safety reasons. Any interruptions could result in serious injury. We feel the ability to learn can be seriously hampered do to interruption. Parents are welcome to evaluate their childs progress upon request.

PARENT SIGNATURE _____ DATE _____