

**A.G. Gaston Boys & Girls Club
Cheerleader Registration**

Boys & Girls Club Membership #: _____

Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

School: _____ Grade entering this fall: _____

Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Medical Information

List any known health problems that the coach should be made aware of:

I, _____ HEREBY CERTIFY that I am the legal parent/guardian of _____ and give my child permission to Cheer for the A.G. Gaston Boys & Girls Club Fall season. I understand that I may be required to purchase some of my child's equipment. I further understand that the equipment loaned to my child is to be returned at the end of the season. I accept general liability for the participation of my child in the activities sponsored by the A.G. Gaston Boys & Girls Club and hereby release, indemnify, and hold harmless the A.G. Gaston Boys & Girls Club for any injury which may result from my child's participation in the Cheerleader program. I also understand that the A.G. Gaston Boys & Girls Club provides accident insurance for its members, and that the policy is secondary to any other insurance coverage provided from any other source for the individual.

Date: _____ Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Office Use Only

Birth Certificate on File: _____

Registration Fee Paid: \$ _____ Balance: \$ _____

**A.G. Gaston Boys & Girls Club
MEDICAL RELEASE FORM**

This **must be** completed - legibly - and signed in all areas by the member's parent or guardian. *By signing this form, the participant affirms having read it.*

First Name: _____ **Middle:** _____ **Last:** _____

Birth Date: _____ **Age:** _____ **Gender:** _____ **SSN:** _____

Parent or Guardian:

Name: _____

Address: _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Primary Insurance Co.: _____

Primary Group/Policy #: _____

Family Physician Name: _____ **Physician Phone:** _____

In Case of Emergency, Contact:

Name: _____ **Relationship to member:** _____

Home Phone: _____ **Work Phone:** _____

Signed Date: _____

I approve the staff that will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed: _____ **Relationship:** _____

Date: _____

To the Club Leaders:

If, during the course of my daughter's/son's activities, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company. I understand that the insurance policy of the A.G. Gaston Boys & Girls Club is secondary insurance to my primary insurance coverage.

Signed: _____ **Date:** _____
Parent or Guardian

I **do not** authorize emergency medical/dental care for my daughter/son.

Signed: _____ **Date:** _____

**A.G. Gaston Boys & Girls Club
Health History**

Please elaborate (especially on those conditions that might be aggravated)

Allergies: _____	Asthma: _____
Congenital problem: _____	Diabetes: _____
Epilepsy: _____	Heart: _____
Ankle Injuries: _____	Knee Injuries: _____
Back Injuries: _____	Head/Neck Injuries: _____
Shoulder Injuries: _____	Elbow Injuries: _____
Wrist Injuries: _____	Hand Injuries: _____
Finger Injuries: _____	Other Injuries: _____

- 1) **Height:** _____ **Weight:** _____

- 2) **Is there any psycho-social or physical condition for which the participant is currently under professional care? NO YES**

- 3) **Is the participant currently taking any medications? NO YES**
If yes, please name the drug(s), dosage and frequency needed:

- 4) **List any known allergies:**

- 5) **Please elaborate on any medical conditions of which we should be aware:**

- 6) **Comments:**

- 7) **Please list any injuries the participant has suffered in the last two months:**

- 8) **State special instructions to follow in case of emergency:**