



CHEERLEADING

Name _____

Last First Middle _____

Address _____

Street City State Zip _____

Male/Female _____ DOB ____/____/____ Age _____

Email Address _____

School Currently Attending _____

Father Name _____

Home Phone _____ Work Phone _____

Mother Name _____

Home Phone _____ Work Phone _____

Name and telephone number of another person to contact in case parents cannot be reached in the event of an emergency occurring during instruction and/or actual tryouts:

Name _____ Phone _____

1. As a parent or legal guardian of the above named person, I give my consent for him/her to participate in the cheerleading tryouts at Auburn Montgomery. I understand that participation in gymnastics, stunting, cheerleading, dance, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones and severe injuries, such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved.
2. As a parent or legal guardian, I agree to provide health insurance for the above person and to guarantee payment of any medical expenses incurred as a result of training, performance, or participation in activities of Auburn University at Montgomery. I have advised Auburn Montgomery that my child is in good physical condition and has no health problems which would prevent her/him from participating in any activities associated with gymnastics, stunting, cheering, dancing, and related activities.
3. In consideration for allowing the above-named person to participate in the activities of , I waive any and all rights or causes of action against Auburn University at Montgomery and its employees, the coach and staff for Auburn Montgomery Cheerleaders, and the State of Alabama for any injuries suffered by my child, for other damages suffered by me. I hereby agree to protect AUM and its employees, the coach and staff for AUM and the State of Alabama against any such claim growing out of or resulting from injury to the above named person in connection with the above mentioned activity, and to reimburse and make good any loss or damage or cost that AUM may have to pay if litigation or claim arises from injuries, including costs of court and attorney.s fees.
4. I/we have read and understand the above and agree to be bound by the terms hereof.

Signature of Participant Date _____

Signature of Parent/Guardian Date _____

*****Please include a photocopy of the front and back of your insurance card. *****