

HEAT ALL STARS REGISTRATION
2008 - 2009 Season



Please initial each box below and sign:

- I have read the HEAT All Star “Program Information & Standards of Conduct” and understand the responsibilities.
- I have read the estimated expenses and understand the costs involved in being a HEAT all stars team member.
- I understand that this is a commitment to a team through the end of April, 2009 and all money paid for fees and expenses is nonrefundable.

Parent Signature: _____ Date: _____

Team member Signature: _____ Date: _____

Name: _____ Age on 5/31/08: _____ Birth date: _____

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

Parent: _____ Phones: _____

Email Address: _____

Liability Waiver and Indemnity Agreement:

As conditions of the participation of the student described above (“my child”) in any of the programs conducted by HEAT Cheer including but not limited to tumbling, gymnastics, cheerleading, stunting whether conducted on or off the premises of HEAT Cheer, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against HEAT Cheer, its directors, employees, agents and insurers (collectively, “HEAT Cheer”), and any owners or lessors of the premises and any equipment used in connection with any programs of HEAT Cheer, arising out of our child’s participation in any of the programs of HEAT Cheer whether on or off HEAT Cheer premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with HEAT Cheer.
4. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify HEAT Cheer for its liability including all costs, fees, and expenses incurred by HEAT Cheer in connection with such liability.
5. My child is covered by our own personal medical insurance and acknowledge that this is a condition of participation in HEAT Cheer.

Authorization of Medical Care:

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Parent Signature: _____ Date: _____

To secure your spot on a team please complete and turn in this form with \$50 registration fee & copy of your child’s birth certificate by April 23rd

First tuition payment is due no later than May 1st

Payment options:

* Turn in at gym

* Mail to HEAT Cheer

933 Elmwood Way Ct

Hubertus, WI 53033

* Fax in with credit card payment form to (262) 229-4176

* Pay online with Checkout

www.heatcheer.com