

# INFORMATION SHEET

TUMBLER'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What grade is tumbler currently in at school? \_\_\_\_\_

What school district does tumbler reside in? \_\_\_\_\_

PARENT/GUARDIANS EMAIL ADDRESS: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell #: (\_\_\_\_\_) \_\_\_\_\_ Father's Cell #: (\_\_\_\_\_) \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

*If tumbler becomes sick or injured in a way. A member of the UCC coaching or management staff will immediately contact of the athlete's emergency contact.*

Full Name of Contact: \_\_\_\_\_

Relationship to Tumbler: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

# Please see back for **RELEASE!**

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# RELEASE

Participant's Name \_\_\_\_\_

hereafter referred as participant:

We, the undersigned, student and parent/guardian (with full responsibility and ability to consent for participant), do hereby waive, discharge and covenant not to sue the coaches, employees, management staff or anyone acting on behalf KOW ATHLETICS dba ULTIMATE CHEER OF CINCINNATI LLC., from any and all liability, claim demand, action or cause of actions, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, paralysis, resulting from, or to result from student's participation in the sport of cheerleading, stunting, tumbling or dance on behalf of KOW ATHLETICS dba ULTIMATE CHEER OF CINCINNATI LLC.

We hereby assume full responsibility for the risk of bodily injury, personal injury or mental injury, paralysis or death due to participant's participation in cheerleading, stunting, tumbling or dance on behalf of or in the name of KOW ATHLETICS dba ULTIMATE CHEER OF CINCINNATI LLC.

The parent/guardian hereby acknowledges they understand the inherent risk to participant associated with participation in cheerleading, stunting, tumbling, dance and related activities and assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of KOW ATHLETICS dba ULTIMATE CHEER OF CINCINNATI LLC or otherwise while participant is practicing, competing or for any purpose participating in activities associated with KOW ATHLETICS dba ULTIMATE CHEER OF CINCINNATI LLC.

Parent/guardian further acknowledge and understand that they will be responsible for any medical bills that may incurred on behalf of participant while involved in any activity associated with release.

We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said participant may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

We further state that I/WE have carefully read the above release and know the contents of same and sign this release of our own free act. This release form will be in effect for all actives held at UCC gym from 05/01/10 to 04/30/11.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Parent/Guardian Full Name

KOW ATHLETICS dba ULTIMATE CHEER OF CINCINNATI LLC  
4671 INDUSTRY DRIVE, FAIRFIELD, OHIO 45014  
(513) 829-UCC5

