

GLC

Childs name _____ Age _____ Birth date _____

Street Address _____

City _____ Zip _____

Season _____ Team Name _____

Parent/Guardian names _____

Email address _____

Emergency contact _____

Insurance company _____

Policy number _____

Insurance: it is the responsibly of every individual, their parents, legal guardian, to provide for their own accident and health coverage while participating in all GLC activities.

GLC does not provide any such coverage for its participants. ,

Prayer during practice and competitions: I understand that prayer to God will be said at end of practice and before competitions.

Photograph Permission: I hereby give permission for GLC to use any pictures of my child for future promotional purpose.

Medical Treatment: I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of GLC. In the event that I can't be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment , I further consent to the disclosure of health information and medical , surgical and hospital care treatment

procedures (including , but not limited to , administration of necessary anesthetics, tests, x-ray, examinations, transfusions, injections, drugs)to be performed for my child by a licensed physician or hospital selected by the GLC director when deemed immediately necessary or advisable by the physician to safeguard your child's health.

Release from liability: Reorganization in the GLC will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in cheer/ dance activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release GLC , and its employees, volunteers , independent contractors , directors, and agents based on any damage, loss or injury whether it is the result of ordinary negligence , caused to my child or to me, from participation in the cheer/dance program.

I have read and understand the above and have completed this form to the best of my ability. I also support the GLC philosophy, which is based on participation, fun, physical fitness, and health, skill development, team work, fair play, family involvement, volunteer, and leadership.

Payments: I understand all money owed will be paid on due dates and my child will not be able to participate if money owed is not paid.

Signature of Parent or Guardian:

_____ date _____