

Where Champions Train



5433 Beethoven Street Los Angeles, CA 90066 (310) 735-7723  
www.bcagym.com info@bcagyn.com

ALL STAR REGISTRATION FORM

Athlete's Full Name \_\_\_\_\_ M F Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Athlete Cell Phone \_\_\_\_\_  
Athlete Email \_\_\_\_\_ School \_\_\_\_\_

List Past Cheer/Gymnastics/Dance Experience (if any):

Mother's Full Name \_\_\_\_\_ Email \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Full Name \_\_\_\_\_ Email \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I authorize Beach City Athletics to publish my contact information (except athlete info) in a Roster to be distributed to the Team only.

How did you hear of Beach City Athletics? Website Ad Expo/Performance Friend \_\_\_\_\_

Please Indicate Your Tryout Clinic Date(s) Below:  
\$20 per Tryout Clinic \$30 Tryout Fee  
\_\_\_\_\_ Tuesday, April 8<sup>th</sup> 6-8pm \_\_\_\_\_ Tuesday, April 15<sup>th</sup> 6-8pm  
\_\_\_\_\_ Tuesday, April 22<sup>nd</sup> 6-8pm \_\_\_\_\_ Tuesday, April 29<sup>th</sup> 6-8pm  
Total Amount Due \$ \_\_\_\_\_ VISA MASTERCARD CASH CHECK # \_\_\_\_\_  
Checks should be made payable to: Beach City Athletics  
Cardholder's Name \_\_\_\_\_ Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
I authorize the charge of the Total Amount Due to the Credit Card provided and agree to pay the charge in accordance with my Merchant Cardholder Agreement.  
Cardholder's Signature \_\_\_\_\_ Card Exp. Date \_\_\_\_\_

**Appearance Agreement:** I understand that Beach City Athletics (BCA) from time to time produces promotional materials relating to its programs. I understand that as a participant in and/or spectator at Beach City Athletics, my child may be included in videotapes or photographs taken during the course of their membership in the BCA Program. Therefore, without reservation or limitations, I, on my own behalf and on behalf of my child, hereby assign, transfer, and grant to Beach City Athletics, their successors, assignees, licensees, sponsors, and television networks, and all other commercial exhibitors in advertising and promoting the program or in advertising and promoting similar future events.

(Please Complete Both Sides)

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Information

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Doctor's Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Current Medical Conditions (which may affect participation) \_\_\_\_\_  
Please list any and all allergies \_\_\_\_\_

### RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to participate in the athletic activity of All Star Cheerleading at Beach City Athletics. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility and risk that my child may sustain physical illness, injury, paralysis, or death in connection with her participation. I further acknowledge and understand that my child is assuming the risk of the same by his/her participation in this activity. I understand that Beach City Athletics follows the safety guidelines of the American Association of Cheerleading Coaches and Administrators (AACCA) and the United States All Star Federation (USASF) as well as its own established rules and regulations pertaining to conduct, behavior, and activities of All Star Cheerleading participants which my child must abide by. Based thereon, my child and I release and forever discharge Beach City Athletics, Jamilah Watson, Jordan Lewis, its representatives, employees, volunteers, and agents from any and all claims, losses, liabilities, demands, or actions for any illness, injury, or death that my child sustains during participation in this activity. I have read the RELEASE OF LIABILITY, ASSUMPTION OF RISK, & INDEMNITY, understand that my child and I have given up substantial rights by signing it, and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Further, I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child, and to prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated; however, if the injuries are catastrophic, life threatening, or I am unable to be reached, I give permission to the emergency care physicians, support personnel, Beach City Athletics to do what they deem necessary in the best interests of my child.

**Statement of Understanding:** I have fully read and agree to the above RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT.

*(Please Complete Both Sides)*

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY:

Tryout Date: \_\_\_\_\_ Member Agreement: \_\_\_\_\_ Uniform Fitting: \_\_\_\_\_

### **Paperwork Completed:**

\_\_\_\_\_ Reg Form    \_\_\_\_\_ Travel Consent    \_\_\_\_\_ Member Agreement    \_\_\_\_\_ Uniform Order