

Visit us at:  
[www.the-pca.com](http://www.the-pca.com)



Email us at:  
[info@the-pca.com](mailto:info@the-pca.com)

## REGISTRATION FORM

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about Pride Cheer Academy? \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS TO WHICH WE SHOULD BE ALERTED? \_\_\_\_\_

### CLASS INFORMATION

**1<sup>st</sup> Choice:** Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**2<sup>nd</sup> Choice:** Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**3<sup>rd</sup> Choice:** Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Please enclose the **Annual Membership Fee and Tuition with Registration.** Our office will call to confirm your class placement. Remember highest tuition pays full price-additional children receive a \$5.00 discount. **Fees are nonrefundable upon class placement.**

### Photo Release Form

I give permission for photographs of the persons listed on this form to be published on the website of Pride Cheer Academy. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.  
I am over 18, and I give permission for my image to be published.

Signature: \_\_\_\_\_

### ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of \_\_\_\_\_, I hereby consent to the above person's participation in Pride Cheer Academy, programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, cheerleading, dance, martial arts, tumbling, trampoline, and other related activities.

I understand that it is the express intent of Pride Cheer Academy, llc. to provide for the safety and protection of my child, while participating and in consideration for allowing my child to use these facilities, I hereby forever release Pride Cheer Academy its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Pride Cheer Academy or its employees.

As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Pride Cheer Academy.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERMISSION TO TREAT

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

DATE \_\_\_\_\_ PAYMENT TYPE \_\_\_\_\_ AMOUNT \_\_\_\_\_ RECEIPT/CK # \_\_\_\_\_

PLACED/INITIAL \_\_\_\_\_ CONFIRMED/INITIAL \_\_\_\_\_

IN CURRENT ROLE/INITIAL \_\_\_\_\_ ENTERED IN COMPUTER/INITIAL \_\_\_\_\_