



Event Registration Waiver & Medical Attention Release

Cheer
Clinic

In consideration for event registration at Ryan Studio Enterprises (dba **Legacy Dance & Gymnastics**), I agree to be bound by each of the following:

WAIVER & MEDICAL RELEASE:

As legal guardian of the child listed on the form below, I hereby consent for him/her to participate in gymnastics, trampolining, dance, and other activities deemed necessary and conducted by Legacy Dance & Gymnastics. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, any possible exposure to COVID, as well as other damages and any losses associated with participation in gymnastics and/or dance activities. I hereby and forever release Legacy Dance & Gymnastics and its officers, directors, agents, lessors, and employees from all liability for any and all damages, injuries, or illnesses suffered or contracted as a result of my child's participation in those activities.

MEDICAL ATTENTION:

I hereby give any consent for Legacy Dance & Gymnastics to provide, through a medical staff of its choice, customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my participation in Legacy Dance & Gymnastics activities. I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate at Legacy Dance & Gymnastics.

Legacy Cheer Clinic

Tshirt Size: _____ 3-4 yr old Elementary Middle/High School

Participant's Name: _____ Age: _____

Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Cell: _____

Email address: _____

Parent/Legal Guardian's

Signature: _____ Date: _____

Camp Dates: June 1-2, 2021
\$35 Ages 3 + 4 (9:30-11:30, June 2)
\$50: Age 5-Elementary: 10:00am-12:00pm
\$60 Middle + High School: 1:30pm-4:00pm
All ages include tshirt + snack

OFFICE USE ONLY:	3/4: _____	PAYMENT DATE: _____	DATE FORM RECEIVED: _____
\$35 Age 3 & 4	AM: _____		
\$50 Age 5-Elementary	PM: _____		
\$60 Middle & High School		PAYMENT TYPE: _____	RECEIVED BY: _____