

VIKINGS CHEER & TIP TOES DANCE STUDIO

REGISTRATION • MEDICAL INFORMATION • PARTICIPATION WAIVER

STUDENT INFORMATION

Child's Full Name: _____	Birthday: _____
Age: _____	Grade: _____ School: _____

PROGRAM(S) - check all that apply

☐ Cheer	☐ Dance	☐ Tumbling	☐ All-Star Cheer	☐ Other: _____
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PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____	Phone: _____
Parent/Guardian 2: _____	Phone: _____
Email: _____	
Home Address: _____	
City: _____	State: _____

EMERGENCY CONTACTS

Contact 1 Name: _____	Relationship: _____	Phone: _____
Contact 2 Name: _____	Relationship: _____	Phone: _____

MEDICAL / PHYSICIAN INFORMATION

Primary Physician: _____	Phone: _____
Preferred Hospital/Clinic: _____	
Health Insurance Company: _____	Policy/ID #: _____
Allergies (food, medication, environmental): _____	
Current medications: _____	
Medical conditions, prior injuries, restrictions, or other information instructors should know:	

Emergency Medical Authorization: If I cannot be reached in an emergency, I authorize Vikings Cheer & Tip Toes Dance Studio, its owners, coaches, instructors, employees, and authorized representatives to obtain reasonable emergency medical care for my child, including transportation by emergency personnel when deemed necessary. I understand I am responsible for medical costs incurred on behalf of my child.

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PARTICIPATION, ASSUMPTION OF RISK & LIABILITY WAIVER

ACKNOWLEDGMENT OF ACTIVITIES AND RISKS

I understand that cheerleading, dance, tumbling, stunting, conditioning, stretching, jumps, lifts, partner work, spotting, rehearsals, performances, competitions, and related activities are physically demanding and involve inherent risks. These risks may include falls, collisions, overuse injuries, sprains, strains, fractures, head or neck injuries, and other serious injury. I understand that even with instruction, supervision, mats, spotting, and safety rules, all risk cannot be eliminated.

Voluntary Participation and Assumption of Risk. I voluntarily permit my child to participate in studio activities. To the extent permitted by law, I knowingly accept and assume the ordinary and inherent risks associated with participation. I agree that my child will follow coach/instructor directions and studio safety rules and that I will disclose relevant medical restrictions or conditions that may affect safe participation.

Release and Waiver. To the fullest extent permitted by applicable law, I release and hold harmless Vikings Cheer & Tip Toes Dance Studio and its owners, coaches, instructors, employees, volunteers, and authorized representatives from claims arising from the ordinary and inherent risks of participation, except to the extent a claim cannot legally be waived. This form is not intended to waive rights that cannot lawfully be waived.

Medical Fitness. I represent that my child is physically able to participate except for restrictions disclosed on this form. I understand it is my responsibility to seek medical advice when I have concerns about my child's ability to safely participate.

Emergency Care. I authorize reasonable first aid and emergency response when necessary. If I cannot be reached, I authorize emergency evaluation and treatment as described on page 1.

PHOTO / VIDEO PERMISSION

Please select one:

- ☐ YES - I give permission for photos/videos of my child to be used for studio-related communication, promotion, social media, website, or printed materials.
- ☐ NO - I do not give permission for promotional use of photos/videos of my child.

PARENT / GUARDIAN CONSENT & SIGNATURE

I have read and understand this registration, medical authorization, assumption-of-risk acknowledgment, and waiver. I certify that the information I provided is accurate and agree to notify the studio of important changes. I am the parent/legal guardian of the child listed on this form, or I am otherwise legally authorized to sign on the child's behalf.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature (when age appropriate): _____ Date: _____

Studio Use: Date received: _____ Staff initials: _____ Notes: _____

Important: This form is intended as a practical studio registration and participation waiver. For legal advice about enforceability or studio-specific liability protection in Wyoming, consult a qualified attorney and your liability insurer.