

TODAY'S DATE_____
PAYMENT ____

CHEER IT UP! Gymnastics and All-Star Cheer

2255 W. Choctaw St.

Tahlequah, OK 74464

918-456-8797

STUDENT NAME			AGE	BIRTHDATE	GRADE	www.cheer-it-up.com
	LAST	FIRST				_
PARENT NAME			CELL #	WORK #		
	LAST	FIRST				
ADDRESS			_ CITY	ZIP_		
PARENT EMAIL A	DDRESS					
PERSON TO CONT	TACT IN CASE	OF EMERGENCY IF PARENT CA	NNOT BE C	ONTACTED:		
NAME		CELL :	#			
INSURANCE CARRIER (CIU does not carry student insurance)						
ANY KNOWN ALLERGIES? MEDICATIONS						_
If yes what are Student is enro		tions for accomodations? tumbling gymnastics _ LIABILIT	500 - 111	cheer all star dance	e compe	titive gymnastics
nealth. CHEER IT UP! and I understand that njury or death from la and the risks assumed absolutely released a connected in any man s engaged in any act release is executed of	may call a doctor any activity involuded by me on my on the discharged from the mer with any accivity directed, speny own free will ead the guid	participate in tumbling or gymnastic or the person listed above in the evolving motion or height necessarily into the head or neck. I fully assume to the head or neck. I full	ent of an emcluding the act on belong the left of the	ergency if I cannot be reached tivities for which my child is half of my child and myself. Indies owners, employees, age, loss and expense (pastor hers heirs, executors, assist ER IT UP!, its owners, employees and equipment of CHEER ochure that you received.	d. I have been in enrolled, create in consideration contractors, and it, present, and figns, and represent oyees, contractor TUP!.	formed by CHEER IT UP! the possibility of serious for the services received instructors are fully and uture) arising out of or ntatives, while said child s, and instructors. This
PARENT/GUAR	DIAN SIGNA	TURE		DATE		