

# Legion of Allstars

1715 Hwy 16 West, Griffin, GA 30223

770-412-0033

[www.legionofallstars.com](http://www.legionofallstars.com)

## Participation Information and Medical Treatment Authorization

Participant's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **PARENT INFORMATION:**

Mom's Name: \_\_\_\_\_ Mom's Employment: \_\_\_\_\_

Mom's Contact #: \_\_\_\_\_ Mom's work #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Employment: \_\_\_\_\_

Dad's Contact #: \_\_\_\_\_ Dad's Work #: \_\_\_\_\_

### **EMERGENCY CONTACT (In the event the parent cannot be reached):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Please list any medical information, allergies, injuries, etc.: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give permission and hereby authorize Legion of Allstars, LLC and its employees to give consent for my child or myself to receive medical treatment in the event that I cannot be reached or I am otherwise unable to respond.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL TUITION IS DUE AT THE FIRST CLASS OF EVERY MONTH. A \$25 LATE FEE WILL BE CHARGED TO YOUR ACCOUNT IF TUITION IS AFTER THE 10<sup>TH</sup> OF EVERY MONTH.**

**A written notice is required ONE MONTH in advance of the withdrawal to the director or you will be charged full tuition for that following month. No refunds are granted for the month during which a student withdraws.**

**I UNDERSTAND AND COMPLY WITH PAYMENT, DUE DATES & LATE FEE POLICY**

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

**Legion of Allstars, LLC**  
**PARTICIPANTS AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Legion of Allstars, LLC, its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, discharge, and hold harmless Legion of Allstars, LLC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of Legion of Allstars, LLC pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of the risks:

Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading and gymnastic students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain, or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.

2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with Legion of Allstars, LLC related activities, included but not limited to performances of stunts, use of trampolines, and other practice equipment. My participation and that of my child is purely voluntary. No one has coerced or forced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify of Legion of Allstars, LLC from any and all liability, claims, demands, actions or rights of action, which are related to , arise out of, or are in any way connected with my child's participation in Legion of Allstars, LLC related activities.
4. Should Legion of Allstars, LLC be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that my child has health, accident, and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.
6. In the event that I file lawsuits against Legion of Allstars, LLC, I agree to do so solely in the State of Georgia and I further agree that the substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.
7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law from which I have released Legion of Allstars, LLC by signing this Agreement.

I have had sufficient opportunity to read this entire document. I have read it and understand it. I agree to be bound by its terms.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) (Minor's) being permitted by Legion of Allstars, LLC to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold Legion of Allstars, LLC from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Appearance Clauses: Permission is granted, without obligation to me, to use my child's photograph, image or recording (audio and visual) in future advertisement, promotion and literature for any Legion of Allstars, LLC program(s) including the official website- [www.legionofallstars.com](http://www.legionofallstars.com)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_