



DATE _____

REGISTRATION AND EMERGENCY RELEASE FORM
(This form must be filled out completely-Please Print)

ATHLETE INFORMATION

Student's Name _____ Date of Birth _____ Age _____
Student's Full Address _____ City _____ State ____ Zip _____
Student's Home Phone # _____ Student's Cell # _____
Name of School _____ Grade _____ Student's E-mail _____

PARENT/GUARDIAN INFORMATION

MOTHER'S INFO

Mother's Name _____ Mother's E-mail _____
Mother's Full Address _____ City _____ State ____ Zip _____
Mother's Home Phone # _____ Work # _____ Cell # _____

FATHER'S INFO

Father's Name _____ Father's E-mail _____
Father's Full Address _____ City _____ State ____ Zip _____
Father's Home Phone # _____ Work # _____ Cell # _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship to Athlete _____
Home Phone # _____ Work # _____ Cell # _____

MEDICAL INFORMATION

Athlete's Physician _____ Phone # _____
Insurance Company _____ Name of Subscriber _____ Policy # _____
Allergies/Medical Conditions _____

I allow my child to be given the following medication(s) if necessary, while at the gym _____ Tylenol _____ Advil _____ Pepto Bismal

Medical Release and Liability Waiver

I, certify that _____ is physically capable and able to fulfill requirements needed to participate in all aspects of Fame Central, LLC's dba FAME ALL-STARS (hereinafter referred to as "FAME") program and hereby give consent for him/her to participate in all aspects of FAME's program. I hereby release, discharge, hold harmless, covenant to indemnify and not to sue FAME, it's directors, officers, employees, coaches, volunteers, managers, agents, sponsors, shareholders, and any associated personnel, from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of participation in FAME's program(s) and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. This release includes any claims of negligence, and is intended to be as broad as is permissible under Virginia Law.

Statement of Hazards of Participating in Athletic/Cheerleading/Tumbling

I, the undersigned participant and parent/legal guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve serious risk of injury, including but not limited to, death, serious neck, head and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; muscular skeletal system; and serious injury or impairment to other aspects of the body, general health and well being and any other unknown risks not reasonably foreseeable at this time. I assume all the foregoing risk and accept financial responsibility for the damages following any such injury.

Medical Treatment Release

If a medical emergency should arise during my child's participation with Fame Central, LLC dba FAME ALL-STARS (hereinafter referred to as "FAME") at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize any agent of FAME, on my behalf to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which FAME deems advisable in order to protect his/her health and well being and I agree to be financially responsible for the cost of such assistance and/or treatment

Parent/Guardian Signature

Date

Student Signature

Date