



AllStar _____	ASPrep _____
Starz _____	Tumbling _____
Membership _____	Open Gym _____

## REGISTRATION INFORMATION

STUDENT'S NAME: \_\_\_\_\_

AGE AS OF AUG.31, 2025 \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PH \_\_\_\_\_

STUDENT MOBILE \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

MOTHER NAME \_\_\_\_\_ MOTHER EMAIL \_\_\_\_\_

MOTHER MOBILE PHONE NUMBER \_\_\_\_\_

FATHER NAME \_\_\_\_\_ FATHER EMAIL \_\_\_\_\_

FATHER MOBILE PHONE NUMBER \_\_\_\_\_

ACCOUNT INFORMATION SHOULD BE SENT TO (CIRCLE) MOTHER FATHER

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

In the event of an emergency occurring while my son/daughter is at a Cheers and More sponsored practice, performance, competition, or trip, I grant my permission to Cheers and More and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize Cheers and More and/or its employees to give consent for my son/daughter, \_\_\_\_\_, to receive medical treatment.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information: (Please circle)

Heart condition or disease	Yes	No	Asthma	Yes	No
Diabetes	Yes	No	Allergic to medication	Yes	No
Convulsions disorder	Yes	No	Allergic to insect sting	Yes	No

List Allergies \_\_\_\_\_

Additional Medical Information \_\_\_\_\_



**2025-2026 ACCOUNT PAYMENT AUTHORIZATION**

STUDENT NAME(S): \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Monthly Payment Options (please initial one):**

\_\_\_\_\_ **CREDIT CARD AUTHORIZATION AND PAYMENT AGREEMENT:**

I authorize Cheers and More to charge the card below on the first class of each session.

Type \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

\_\_\_\_\_ **CHECK DRAFT AUTHORIZATION AND PAYMENT AGREEMENT (attach voided check):**

I authorize Cheers and More to draft funds on the first class of each session from my account with the financial institution named on my voided check.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## **Cheers and More Waiver and Release of Liability**

In consideration of being permitted to participate in any athletic or related activities at Cheers and More, or elsewhere, sponsored by Cheers and More, the undersigned acknowledge, appreciate, and agree that:

1. Prior to participating I should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I should immediately advise the nearest official; and,
2. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
3. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases, or others, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless, Aspen Midwest Investments LLC, its officers, official agents, and/or employees, Cheers and More, its officers, official agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and; if applicable, owners and lessees of premises used to conduct the event("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releases or otherwise; and,
6. Represent and certify that I, the participant, am over 18 years of age, or if I am under the age of 18, I do represent and certify that I have permission of my parents and/or guardian to participate in the stated activities, that they have full knowledge thereof, and that they join me in waiving my right against the releases, a evidence by the signature(s) listed below.

**I have read this release of liability and assumptions of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

\_\_\_\_\_  
Participant Name (please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**For Participants of Minority Age  
(Under age 18 at time of registration)**

This is to certify that I, as Parent, Guardian, or representative of parent of guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to this minor child's involvement or participation in the programs as provided above, even if arising from their negligence.

\_\_\_\_\_  
Parent/Guardian/Representative of  
Parent or Guardian Signature

\_\_\_\_\_  
Parent/Guardian/Representative of  
Parent or Guardian (Please Print)

\_\_\_\_\_  
Emergency Phone#(s)

\_\_\_\_\_  
Date Signed