



TRIAL CLASS AND OPEN GYM RELEASE FORM

Student's Name _____ Birthday _____

Home Address _____

City _____ Zip _____ Home Phone _____

Medical Conditions _____

Parent Name _____ Phone _____

Emergency Contact _____ Phone _____

Any Allergies _____

MEDICAL RELEASE

I, the parent legal guardian of the above named student, do hereby certify that the above named student is completely capable, physically or otherwise, to participate in the activities provided by Valley All-Stars Gold. I understand that this form legally releases all responsibilities and obligations for the medical treatment of my child in the event of illness or injury during any class or squad related activity or function when a parent cannot be reached. I understand that if there is any physical or medical reason why my child should not participate fully, Valley All-Stars Gold, requires a doctor's release. I understand that Valley All-Stars Gold, the instructors, cheerleading coaches and the parent or other volunteers may not be able to be present, may not be physically close enough to any given student at any given time in order to prevent an accident or injury from occurring. Therefore, Valley All-Stars Gold is not liable for any injury including death, incurred by reason of student's participation in any activity at Valley All-Stars Gold or during activities provided by Valley All-Stars Gold.

Parent Signature _____ Date _____