

Registration, Marketing and Medical Release Form
 For Participation in Camps and Activities of
 United Spirit Sports of America, L.L.C. ("USSA")

NAME: _____
 STREET ADDRESS: _____
 PHONE: _____ AGE: _____ DOB: _____
 SCHOOL: _____ GRADE: _____

MOTHER

FATHER

 Name

 Address

 City State Zip

 Daytime Telephone Number

 Name

 Address

 City State Zip

 Daytime Telephone Number

EMERGENCY INFORMATION

I hereby authorize USSA staff or anyone they designate, to treat my son/daughter _____ for injuries or illness that may occur while at USSA functions. Initials: _____

I authorize necessary medial treatment to any hospital designated by USSA or its representative. Initials: _____

It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments (MRI, lab tests, surgical procedures, ect...) are necessary. Initials: _____

I am aware as a parent of the above participant, that I will be responsible for providing proper insurance information to USSA prior to participation in any USSA programs. Initials: _____

Insurance Company: _____
 Policy Number: _____ Group Number: _____
 Family Physician: _____ Phone: _____
 Emergency Contact: _____ Relationship: _____
 Phone: _____

Parent Signature: _____ Date: _____

Medical Release Form

The following information is to be completed by the parent or legal guardian of the participant.

1. Is the participant under a doctor's care? If so, explain

2. Allergic to any medications? If so, explain

3. Chronic medical conditions? (i.e. diabetes, asthma, heart murmur) If so, explain

4. Is the student currently taking any medication(s)? If so, explain

5. In the last year, has the participant: EXPLAIN

Had a major illness?	YES	NO	_____
Been hospitalized?	YES	NO	_____
Undergone surgery?	YES	NO	_____
Been unconscious?	YES	NO	_____
Received an injury from dance or cheerleading related activities?	YES	NO	_____

IT IS THE SUGGESTION AND RECOMMENDATION OF USSA THAT EACH PARTICIPANT HAS A MEDICAL EXAMINATION PRIOR TO THE PARTICIPATION IN THIS ATHLETIC ACTIVITY.

Initials: _____

IF THE PARTICIPANT IS ASTHMATIC, USSA REQUIRES THAT THEY KEEP PROPER MEDICATION AT THE TRAINING SIGHT (i.e. inhaler)

Initials: _____

I hereby certify that I understand and agree to the following.

1. Dance and cheerleading involves a variety of movement, motions, rotations, leaps, tumbling, jumps, partner stunts and pyramids, therefore, participation in these athletic activities involves some amount of inherent danger and risk of personal injury. I, _____ (parent/ legal guardian) hereby assume all risks involved with _____ (participating student) participating in these dance and cheerleading activities. I realize and acknowledge that improper or proper conduct during the athletic activity could result in catastrophic injury, paralysis, or even death.
 2. I hereby agree to indemnify and hold harmless USSA and all USSA directors and staff for any injury that the above named participant may incur while participating in USSA programs.
 3. My son/daughter (circle one) is a volunteer participant in the training that USSA provides. My son/daughter (circle one) will only partake in this training under the direct supervision of a USSA instructional staff member.
 4. In the event that USSA uses facilities other than their own and an accident or injury should happen, I hereby agree not hold liable the facility, company, organization, proprietor, or its employees of the location that USSA is utilizing.
 5. I am aware as a parent/ guardian of the above named participant, that I will be responsible for providing proper insurance coverage and insurance information to USSA prior to the participation of any USSA training.
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Marketing Release

I, do hereby give permission to USSA, affiliate organizations, the full marketing release of all photography, video, or audio taken at the function in which my son/ daughter/ward is attending. I understand that photography will be utilized in marketing material but not limited to print copy, website, magazine advertisements, and video and audio commercials.

Initials: _____

STATEMENT: I HAVE CAREFULLY READ THIS DOCUMENT AND I UNDERSTAND AND ACCEPT THE INFORMATION AND REQUIREMENTS THEREIN.

Parent/ Guardian

Signature: _____ Date: _____

Participant's Signature: _____ Date: _____
