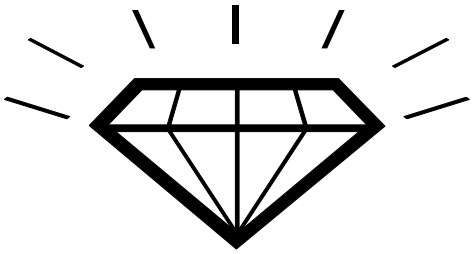

ROYAL GEMZ ALL-STAR CHEERLEADING & GEMZ ELITE, INC.
440 Tall Pines Road, Suite K, West Palm Beach, FL 33413
www.Royalgemz.com * gemzelite@comcast.net * (561) 315-5470

CHEER CAMP REGISTRATION FORM

Session Number(s)_____ Dates _____

Participant's name: _____ T-Shirt Size _____

Parent/Legal Guardian: _____

Address:_____ City:_____ State: _____ Zip:_____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Emergency phone: _____ Date of Birth: _____ Grade (2008- 2009) _____

EMAIL ADDRESS; _____

Please list any special needs, interests or medical information: _____

_____

Do we have permission to give your child Tylenol or Advil? Yes_____ No_____
** would be the children's dose.

Would you like to be on our mailing list? Yes _____ No_____

Check all that apply:

I'm interested in: The competitive team _____ Cheer classes: _____

Tumble Classes: _____ Parent's night out _____

RELEASE OF ALL CLAIMS

I _____am the parent/legal guardian of _____who is a participant in the Royal Gemz/Gemz Elite Cheerleading program. I understand that participation in this activity can involve many RISKS and INJURIES, including but not limited to, death, serious neck and/or spinal injuries and other serious injuries or impairments to the body.

I hereby, agree to hold Royal Gemz Cheerleading and Gemz Elite, Inc., its employees, agents, representatives, coaches and volunteers, harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my child/ward's participation in such activities related to the Royal Gemz/Gemz Elite Cheerleading programs.

The terms hereof shall serve as a release for my heirs, estate, executors, administrator & assignees and for all members of my family.

Date: _____ Signature:_____

Print name:_____

Referred by :_____