



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

PROGRAM REGISTRATION

Session Class _____ Dates _____

Participant's name: _____ Male _____ Female _____

Parent/Legal Guardian: _____

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

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

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

CURRENT AGE: _____ AGE AS OF MAY 31, 2008 _____

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.

Check all that apply:

I'm interested in: Helping out with phone calls _____ Car pooling _____

Parents night out _____ Tumbling Classes _____ Competitive Team _____

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 and other various 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: _____