

INDIANA ELITE ALL STAR CHEER & DANCE, LLC REGISTRATION FORM

(Please Print Clearly)

Participant Name: _____

Age at Time of Registration: _____

Birth Date: _____

Grade at Time of Registration: _____

School: _____

Address: _____

Street

City

State

Zip

Home Phone: _____

Mother's Name: _____

Home Phone: _____

Mother's Employer: _____

Work Phone: _____

E-Mail Address: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Father's Employer: _____

Work Phone: _____

E-Mail Address: _____

Cell Phone: _____

EMERGENCY CONTACT: _____

Name: _____

Phone: _____

Relationship to Participant: _____

Appearance Agreement: I understand that Indiana Elite All Star Cheer & Dance, LLC ("Indiana Elite") from time to time produces promotional materials relating to its programs. I understand that as a participant in its programs that my child may be included in videotapes or photographs taken during at official program events and performances. Therefore, without restriction or limitations, I, in my own behalf and on behalf of the participant, hereby assign, transfer and grant to Indiana Elite the exclusive right to photograph and/or videotape the participant and to utilize such videotapes and photographs and minor's face, likeness, voice and appearance in its advertising and promotional materials. I further understand that Indiana Elite is under any obligation to exercise any of the foregoing rights, licenses or privileges.

Registration is not complete and not accepted unless and until Participant and all parent's/guardians of a Minor Participant read, understand, and sign the Indiana Elite All Star Cheer & Dance, LLC Acceptance of Risk Waiver & Release of Liability.

Signature of Parent or Legal Guardian: _____

Date: _____