

2018 Classes:

Cheerleading Team Allocated to: _____ Secondary: _____ (if applicable)

Would you like to enrol in a Pom team? (Tick if so) Pom Team: _____ (Office Use)

Name : _____ Age: _____ (as of 31 December 2017)

Date of Birth: _____ (dd/mm/yyyy)

School: _____ Year Level: _____

Parent/Guardian's Name: _____

Home Address: _____

Suburb: _____ Postal Code: _____

Home Phone #: _____ Parents Mobile #: _____

Parent's Email Address: _____ (if under 18 years old)

Parents Facebook: YES / NO

Name as seen on Facebook: _____

Athlete's Facebook: YES / NO

Name as seen on Facebook: _____

*Although it is not necessary, facebook is the easiest medium for coaches to communicate with their athletes and to post routine choreography and other videos. Facebook is also an easy way to keep up to date with our academy as we update regularly.

How did you originally hear about us? (Google, Facebook, Word of mouth): _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Medicare Number: _____

Ambulance Cover: (yes / no) Ambulance Membership Number: _____

Any medical conditions or medical history that the coaching staff should be aware of: (e.g. recent hospitalization, current medications, allergies, etc).



2018 ROYAL ALL STARS CHEERLEADING ACADEMY PARTICIPANT'S INFORMED CONSENT FORM

Please read all information carefully.

I understand the risks in cheerleading and dance that may result in personal injury. I further acknowledge and understand and agree that by participating at events there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of the Royal All Stars Cheerleading Academy or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel which may become necessary.

I agree to protect, defend, indemnify and hold the Royal All Stars or the event party, including its staff, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my participation.

Media releases- The Royal All Stars Cheerleading Academy may use, without payment, any written information- photograph, videotape or other visual media of myself taken during one of its events. The Royal All Stars Cheerleading Academy may use this information to further its objectives. I am representing the Royal All Stars Cheerleading Academy in all forms of media releases including all newspaper and television interviews.

I HAVE READ THIS RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS & SIGN IT FREELY & VOLUNTARILY WITHOUT ANY INDUCEMENT.

I have thoroughly read and agree upon all of the terms of the studio rules and participant regulations in the 2018 Royal Cheerleading Participant Regulations, Financial Terms and Agreement.

I understand that failure to abide by these rules and regulations may result in immediate dismissal of my membership at the Royal All Stars Cheerleading Academy.

Athlete Name Athlete Signature Date

Parent/Guardian Name Parent/Guardian Signature Date

Parent/Guardian Contact email address

Parent/Guardian Contact Number

AASCF Waiver/Release, Medical Release & Appearance form

PARTICIPANTS -- READ BEFORE SIGNING

PLEASE PRINT CLEARLY

_____ Name
_____ D.O.B S _____ school /Club /Gym Name

In consideration of _____, myself / my child, participating in any way at Australian All Star Cheerleading Federation (AASCF) events & activities, the undersigned acknowledges, & agrees that:

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in any **2018** Australian All Star Cheerleading Federation Events.

I further acknowledge and understand and agree that by participating at AASCF events there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of the AASCF or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary.

I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility.

I agree to protect, defend, indemnify and hold the AASCF or the event party, including its staff, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney's fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation.

I willingly agree to comply with the AASCF events stated & customary terms & conditions for participation. If I observe any unusual significant concern in my child's readiness for participation &/or in the competition itself, I will remove my child from the participation & bring such attention of the nearest official immediately;

I understand the AASCF produces promotional material about the program. I understand that my son/daughter may be included in videotape or photography taken during this event. I hereby grant the AASCF, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event. **Rules / Regulations** • No smoking, consumption of alcoholic beverages or use of illegal drugs allowed. • The AASCF reserve the right to discipline any participant for unruly behavior or for conduct unbecoming to the event. • Participants must respect all venue and facility rules and regulations. • Participants must obey all rules and regulations set forth by the event. **I HAVE READ THIS RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, & SIGN IT FREELY & VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Signature of Participant: _____ Date: _____

Name & Signature of Parent or Guardian: _____ Date: _____
_____ Street Address: _____

Suburb: _____ State: _____ Post code: _____

Home Phone: _____ Business Phone: _____ E-mail Address: _____

Emergency Name & Contact: _____

Medical History & Details: _____ Ambulance: _____
Yes / No



2018 ATHLETE MEMBERSHIP REGISTRATION

I would like to become a member of the Australian All Star Cheerleading Federation

AASCF is dedicated to the promotion and advancement of All Star Cheer & Dance as a recognised & respected athletic discipline & sport. Its aim is to encourage mutual co-operation & communication between Squads to enable each to realise its own potential in its own style through the help and friendship of all. AASCF All Star Cheer & Dancer membership **includes genuine Personal Accident Insurance** for the individual Cheerleader/Dancer. This is important not only for competition but also for all practice, performances & other events the Cheerleaders/Dancers may attend through AASCF, any other organization. The annual membership fee is **A\$15.00 per athlete**, and covers you from 1st Feb 2018- 28/29th Feb 2019. You will receive a member's card, patch and identification number for proof of your membership. Cheques made payable to "**Australian All Star Cheerleading Federation**" or pay electronically as per following page.

AASCF membership number if you have one from past years: # <input style="width: 100px;" type="text"/>	Athlete Name: <input style="width: 90%;" type="text"/> Athlete D.O.B.: <input style="width: 100%;" type="text"/>	
	Telephone: <input style="width: 90%;" type="text"/>	
	E-mail: <input style="width: 90%;" type="text"/>	
AASCF Membership ensures that you receive all the latest news updates, events and opportunities, discounts, support and advice and Genuine Cheerleading Personal Accident Insurance cover through Sportcover Australia P/L.	<u>Cheer/Dance - Gym / School / Club / Studio</u> Name: <input style="width: 90%;" type="text"/> Royal Cheerleading Location: <input style="width: 90%;" type="text"/> Factory 6. 7/8 Len Thomas Place, Narre Warren VIC 3805	
	Coaches Name: <input style="width: 90%;" type="text"/> Susan Cheo	
	<u>Parent/Guardian if under 18yrs</u> Name: <input style="width: 90%;" type="text"/> Signed: <input style="width: 90%;" type="text"/>	
AASCFATHLETEMEMBERSHIP JOIN <input type="checkbox"/> / RENEW <input type="checkbox"/>	AASCF PO Box 7012 Upper Ferntree Gully, Vic, Australia. 3156	AUD\$15.00 per athlete

AASCF Membership data is 'personal data' for the purposes of data protection legislation. Contact details for specific squads may be given for bonafide information requests about joining a local squad, or possible opportunities for a member squad.
 AASCF – www.aascf.com.au TEL – 03 9800 4080 EMAIL – admin@aascf.com.au