



Xtreme Spirit Medical Waiver

Xtreme Spirit 1600 N. Milwaukee Ave. Bld. #10 Ste. 1001 Lake Villa, IL 60046 Ph 847-445-5956 Fax 847-838-9908

Please complete this form in it's entirety. Please turn in with \$35 annual registration (insurance) fee payable to: "Xtreme Spirit". This payment is due for all new class registrations, 1 per child, 1 per coach.

Child's Name: _____ Sex: _____ Age: _____

Birth Date: ____/____/____ Registration Date: ____/____/____

Parent's or Guardian's Names: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phones: _____

Emergency Number: _____ Email: _____

Family Physician/Pediatrician: _____ Phone Number: _____

Medical Insurance Provider: _____

Policy Number: _____

Past Injuries: _____

Medical Conditions (Circle): Physical Handicaps Chronic Ailments Asthama Respiratory Problems
Circulatory/Heart Problems Diabetes Epilepsy Bleeding Problems Allergies, specify: _____
Tetanus Shot/Vaccinations up to date Muscle Problems Bone/Joint Problems Organ Problems Missing
Body Parts, specify: _____ Hypoglycemia Psychological Hadicaps,
specify: _____

Authorization of Medical Care: In case of illness or injury while with Xtreme Spirit in case a parent cannot be reached, Xtreme Spirit staff may authorize medical care and treatment for the above names participant.

Liability Waiver and Release:

I understand that cheerleading/dance/tumbling, like any other situation involving height and movement, involves risk and the chance of catastrophic injury, paralysis, and even death, as well as, other damage and loss associated with participation in a cheerleading/dance/tumbling event. This student has no problems that might compromise their safe involvement. I understand that I need to provide medical expenses for my son/daughter and forever release Xtreme Spirit along with the employees, agents, officers, and directors from responsibility or liability for any losses or damages occurring as a result of my son/daughters participation in any cheerleading/dance/tumbling activity.

Agreement to pay: I understand that there are no refunds or credits for dropped or missed classes once the classes begin and that I am liable for the full monthly tuition even if only a partial payment has been made.

I hereby promise that all of the above information is honest and true to the best of my knowledge.

Parent or Guardian Signature: X _____ Date: _____