

Whippersnapper's CHEERLEADING

Enrollment Form

Parent's Name _____ Date _____

Child's Name _____ DOB _____

Class _____ Day: _____ Time _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone # _____ Cell# _____

Visa/MC# _____ Exp _____ V-Code _____

Emergency Contact _____ Phone # _____

Physician's Name _____ Phone# _____

RELEASE: I hereby authorize my child's participation in the activities offered at Whippersnapper's Play Gym LLC and hereby absolve and release Whippersnapper's Play Gym LLC and its employees from any and all claims for injuries or damages that may be incurred by my child in the activities sponsored by Whippersnapper's Play Gym LLC.

From time to time we use the participants "likeness" in our brochures, website, or other promotional materials. I hereby grant Whippersnapper's Play Gym LLC and any third party authorized by Whippersnappers the rights without limitation or time or territory or of any nature, to use; in whole or in part, the name, image, likeness, distinctive characteristics, now known or hereafter, of participants likeness.

I have read and understand the release and waiver of liability of Whippersnapper's Play Gym LLC.

Parent Signature

Date