



Athlete Information

Please print legibly, using ink only, and fill in all the blanks

Name	MCP	Birth Day	Month	Year
Home Phone	Other Phone	E-Mail Address		
Street Address	City/Town	Postal Code		
Team/Entry Name				

Parent/Guardian Information

Name	Relation
Home Phone	Other Phone

Parent/Guardian Declaration

<p>I, the undersigned, hereby state that I am the parent with legal custody or guardianship of the Participant listed above and that I give permission for him/her to attend and/or participate in any event directed by NLCA. I understand that there is a risk that the Participant may incur or suffer illness, personal injury or other damages while attending and/or participating in such events. In consideration of the Participant being permitted to attend and/or participate in any event directed by NLCA, I on behalf of myself and the Participant, waive release, and forever discharge any and all rights and claims for damages that may arise now or in the future against NLCA and facilities in which any event directed by NLCA is held, including The Board of Directors, event staff, volunteers, and representatives for any personal injury, illness, or damages that the Participant or I may incur or suffer as a result of Participant's attendance or participation in any event activity directed by NLCA.</p>	
Signature	Date

Please Note: This waiver form is in effect for the 2010-2011 cheerleading season, including, but not limited to, all competitions, clinics, camps and training sessions hosted by NLCA.