Champion Kids

Medical Authorization / Absolute Liability Release

	LAST	FIRST		MI	Sec
Child 1		<u></u>	1		
		1			
		1			
Date of Birth	Child 1/_	_/ Child 2/_	/ Child 3		
Street Numbe	er				
City		State	Zip		
Home Phone	Number ()_				
Email Addres	ss				
Parent or Leç	gal Guardian Na	me			
Emergency C	Contact		Ē		
Emergency C	Contact Number	()		=======================================	
How did you	hear about us?				
videos for adve injuries or dama	rtising purposes. I ages to the above	B.A. Champion Kids LLC hereby release Champion named student and from a taff (initial)	n Athletics LLC ar	nd its staff from a	ny claim for
l authorize nece their designate.		nd admission for any hos	pitalization desigr	nated by Champi	on Kids LLC
lt is understood treatments are		eir agents will be called up	pon to give additio	onal authorizatior	ı if advanced
	ABSC	LUTE RELEAS	E OF LIAB	ILITY	
activity. I hereb cheerleading a above named s named student damages in cor	by consent for mys activity on equipme student, waive and may have at any t nnection with my o	for injury which can occur elf and for the above nam nt used by Champions At release any and all rights ime against Champion At r my child's association w associated with or spons	ned student to par hletics LLC, and and claims for da hletics LLC any c vith gymnastics/tu	ticipate in gymna do hereby, for m amages that I or to of its agents for a mbling - cheerlea	astics/tumbling - yself and the the above ny injury or
PARENT/ LE	GAL GUARDIAN S	SIGNATURE	_	DATE	