Parent	Name: Athlete Name:
Email: _	Phone: DOB:
	VALLEY STARS CHEERLEADING LTD. PARTICIPANT'S INFORMED CONSENT FORM (Under 18) PLEASE READ CAREFULLY
	Risk:
l,	, give my consent for my child,,
	(Parent's Name) (Child's Name)
not lir aspect occurr The do activit cheer	cicipate in cheerleading and/or tumbling which may result in personal injury (including but nited to: injury to bones, joints, ligaments, muscles, tendons, internal organs, and other is of the skeletal system and potential impairment to other aspects of the body, and in rare ences, death, complete or partial paralysis or brain damage) and property damage or loss. Efinition of participating in a cheerleading program includes but is not limited to: it is an or that uses organized routines made up of elements from stunting, gymnastics & dance to on sports teams at games and matches or as a competitive sport. I fully understand these and give my son / daughter permission to participate in a cheerleading program.
	Rules:
partic	rstand that the rules and regulations are designed for the safety and protection of pants and hereby agree to inform my son/daughter of the importance of abiding by the nd regulations set down by Valley Stars Cheerleading Ltd.
	Media Release:
charge	by grant to Valley Stars Cheerleading Ltd. the right to use, without payment of any fee or , any written information, photograph, video tape or other visual media of my son / ter taken during club event for the purpose of furthering Valley Stars Cheerleading Ltd. ves.
	I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.
	I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him / her of the importance of abiding by the rules and regulations.

Date	Club/Team Name
Participant Name	Parent/Guardian Signature
Witness Name	Witness Signature