

SCHOOL / TEAM ENTRY FORM

This is a great way to get your team involved in the community events for a great cause.

Each team will be given 2.5 minutes to perform the routine they chose.

This will be a great time for the entire family to come see teams from around the area elementary through collegiate cheer and dance teams!

Team with the most in donations will get a private 2 hour clinic from PowerHouse!

Registration cut off is October 27th 2014

To perform at the 2014 Workout for St. Jude November 1st, you must have the following:

- This Registration form (Filled out completely) on or before October 27th. Must be sent to a PowerHouse Tumble and Cheer office.
- A minimum donation of \$50 per team
- Release form on each participant signed by parents/ guardians.
(Forms can be picked up at your local PowerHouse Tumble and Cheer, online at PowerHouseTumbleandCheer.com or from an ambassador.)
- Release forms need to be brought to the check in desk with Donations. At Least one hour before check performance time.
Team with most donations will receive a trophy.
- Sound table can only play MP3 only (*if using a phone please remove your phone case before getting to the sound table)

Please print clearly & one form per team.

Sponsor/ Gym Owner Information

Name: _____ Cell Phone: _____

Email: _____

Coach Information

Name: _____ Cell Phone: _____

Email: _____

School/Gym Information

Name: _____

Address: _____

Team Name (what the announcer will say): _____

How many on your Team: _____

TOTAL donation from this team: (minimum \$50) \$ _____

Do you have crossovers? (Please check yes or no) ☐ Yes ☐ No

Please list any special Request you may have on the lines below.

Performer Release form

4th Annual Workout for St. Jude

One form per participant please day of.

Athlete Info:

Name:	Age:	Birthdate:
School:	Team:	

Parent/ Guardian Info:

Parent/Guardian Name:	Parent/Guardian Cell:
Parent/Guardian Name:	Parent/Guardian Cell:
Primary Email:	Emergency Number:
Mailing Address:	

I, (Parent/Legal Guardian), hereby allow my son/daughter to participate at 4th Annual Workout for St. Jude 2014.

I realize that their participation at 4th Annual Workout for St. Jude 2014 will subject them to the possibility of certain injuries including minor, serious, and catastrophic injuries.

I authorize any PowerHouse Tumble and Cheer representative, venue host, or staff medical personnel to authorize medical treatment for injury or illness, surgery, or the administering of drugs by a licensed professional for my son/daughter which may be necessary. All expenses that are a result of such treatment will be the responsibility of me or my insurance carrier.

I agree to protect, defend, indemnify and hold harmless PowerHouse Tumble and Cheer, including its owners, directors, officers, employees, venue hosts and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney's fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughters participation.

I realize PowerHouse Tumble and Cheer will produce promotional material for distribution including pictures and video. I understand that my son/daughter may be included in these by taking part in PowerHouse Tumble and Cheer events. I give PowerHouse Tumble and Cheer the exclusive right to photograph and video tape my son/daughter during the event. Furthermore I authorize PowerHouse Tumble and Cheer to use these photos and videos for promotional use.

I understand by my child participating in 4th Annual Workout for St. Jude 2014 at The Monroe Civic Center that the instructors/Coaches and/or the owner are not responsible or liable for personal injury and/or accidents which may occur as a result of participating in this program or by being on this property.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ Date: _____