



Member and Visitor Information and Waiver

All PCG members, regular users single use visitors must complete full form.
(Parent/guardian signature required for those under 18 yrs of age)

NAME of Athlete/member: _____

Date of Birth: Day: ____/Month: ____/Yr: ____ Health Card #: _____
(members only)

NOTE: For Team Canada members - Emergency contact information not required as it
is on file with medical team and Cheer Canada

Emergency Contact:

Parent/Guardian. NAME: _____

Mobile Phone: _____ Work/Other Phone: _____

I, the undersigned parent, guardian or self do hereby grant permission for my daughter/son or self
(insert name here) to train at the Power Cheer Gym (PCG).

I acknowledge and understand and agree that in participating in activities at the facility, there is a possibility of
physical injury/illness (both acute and permanent) and that my daughter/son/self is assuming risk of such
injury/illness by his/her/their/my participation. I assume full responsibility for my self/
daughter/son's participation. This includes activities of cheer, acro, tumbling, open gym, camp activities,
conditioning, dance, martial arts, auditions, yoga, meetings and other activities at PCG.

In order that my daughter/son/self may receive necessary medical treatment in the event of injury or
illness, I hereby authorize the Power Cheer gym staff/coaches to facilitate emergency medical treatment/care
for my daughter/son/self for any injury/illness sustained during time at the gym. Furthermore, The Power
Cheer Gym staff, director*, owner*, coaches*, instructors or Power Cheerleading Athletics will not be held
responsible for any injuries/illness incurred while training at the Power Cheer Gym.

*This includes all Team Canada personnel, gymnastics, acro, theatre/auditions, martial arts entities using PCG.

Parent/Guardian or User if 18 yrs of age:

Signature: _____ Date: _____

Name of Signee: (Please Print) _____

Note: This information is only used for member identification and medical emergency.
The names/numbers will not be used for advertising or any other purpose

Please check any known medical conditions that the staff should be aware of:

Allergies: Food: ____ Bee Stings: ____ Penicillin: ____ Other: Specify ____

Any orthopedic conditions that will limit safe participation in the activities:
(Be specific): _____

Contact lenses: ____ Asthma: ____ Diabetic: ____ Other: ____

When completed, please return to: pcg@powercheergym.com