

**TIFI Cheer Camp**  
**July 21-22, 2017**  
University Cheer Air Force

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade (Fall of 2017): \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's wk phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's wk phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Primary contact during the day: \_\_\_\_\_ (Mother or Father?)

**Medical Information**

**Physical Handicaps** (Physical Limitations, Injuries, Weaknesses, etc.):

Bones & Joints: \_\_\_\_\_ Muscles: \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_

Other: \_\_\_\_\_

**Psychological Handicaps** (Anxieties, Fears, Hyperactivity, Hypersensitivity, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Chronic Ailments (Please Check):**

Asthma: \_\_\_\_\_ Other Respiratory: \_\_\_\_\_ BPS: \_\_\_\_\_ Circulatory: \_\_\_\_\_ Heart: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Hypoglycemia: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Hemophilia: \_\_\_\_\_ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Emergency Contact Information:**

Preferred Personal Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relative or Friend: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Release: The State of Texas / County of Harris**

I (we) the undersigned TIFI drill team member and parent or legal guardian for and in consideration of my enrollment or the enrollment of my child or a member for whom I have been granted legal custody hereby voluntarily and knowingly execute this release with the expressed intention of effecting the extinguishment of and complete release from any and all claims, demands or causes of action, I or my child and/or legal ward may have against University Cheer Air Force, Inc., its instructors, agents or employees, relating to injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/ or legal ward in the various programs of instruction, practice and physical activity associated with the study of cheerleading, gymnastics, stunting, and related activities conducted by University Cheer Air Force, Inc.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_