



ROWDY SQUAD FO

JOHN ADAMS M.S CHEER

2025-2026 APS SCHOOL YEAR

Registration Form

Participant Information

Full Name: _____

Address: _____

Date Of birth: _____

E-mail: _____

Gender: ☐ Male ☐ Female ☐ Other

Allergies or Medical Conditions (if any): _____

Youth T-Shirt Size: _____

*Sizes: XS, S, M, L, XL

Parent/Guardian Information

Parent/Guardian Name: _____

Emergency Contact:

Relationship to Student: _____

Name: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Relation: _____

Home Address: _____

In consideration of being allowed to participate in the 2025-2026 Rowdy Squad FO LLC (J.A.M.S Cheer Participant) the undersigned acknowledges, appreciates, and agrees that:

1. Assumption of Risk: I acknowledge that participation in Youth Cheer, including but not limited to sports training, drills, physical conditioning, carries inherent risks of injury, illness, or other harm. I voluntarily assume all such risks, both known and unknown of Rowdy Squad FO LLC, its Owner, coaches, and volunteers.
2. Medical Treatment Authorization: In the event of injury or illness while participating in Youth Cheer Under Rowdy Squad FO LLC, I authorize Rowdy Squad FO LLC staff to obtain emergency medical treatment for the participant if I cannot be reached. I understand that I am responsible for all medical costs incurred as a result of participation in Rowdy Squad FO LLC Youth Cheer feeder Program. .
3. Waiver and Release: I, for myself, my heirs, personal representatives, or assigns, hereby release, waive, discharge, and hold harmless Rowdy Squad FO LLC and all affiliated parties from any and all liability, claims, demands, or causes of action arising out of or related to any injury, loss, or damage that may be sustained by the participant while participating for the entire Cheer Season September 2025-May 2026. Practices are Monday & Wednesdays 4pm-6:30pm no holidays or school breaks.
4. Photo/Media Release: I grant permission Rowdy Squad FO LLC to use photographs, video, and/or audio recordings of the participant taken during the Cheer Season for promotional, social media and educational purposes without compensation or further approval.
5. Fitness to Participate: I certify that the participant is physically fit and has no medical condition that would prevent full participation.. I agree to notify staff of any medical conditions, allergies, or limitations prior to the start of practices, competitions or performances that Rowdy Squad FO LLC participates in.
6. Code of Conduct: I understand that participants are expected to behave in accordance with the values and rules of Rowdy Squad FO LLC. Failure to comply may result in dismissal from the team. Middle School Contract Attached must be signed and dated by participant, and parent or guardian.

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By Checking this Box I understand and Acknowledge that the coach is required to collect, maintain and have available emergency contact info, allergy or medical info for each participant during the cheer camp. I also understand and acknowledge that there will be no-refunds and Agree to all terms per Rowdy Squad FO LLC as Listed Above*

Signature

Date: ____ / ____ / ____

