

NAME OF ATHLETE :

DATE:

BUBBLE (please circle): MINI - YOUTH - JUNIOR - SENIOR - ADULTS CHEER

CONTACT NUMBER:

EMAIL:

As you are aware Cheerleading and Tumbling can be a dangerous sport. All of our coaches are professionally trained, fully qualified, insured, first aid trained, safeguarding certified and hold an enhanced DBS. If you choose to participate in any of the activities shown or follow any of the topics given, you do so at your own risk. You acknowledge that Cheer London Allstarz and any of its affiliates are not responsible in any way for any negative result that may occur including injury etc. Photographs of students at their classes/performances maybe used on the CLA social networking sites and/or website (if you do not wish photographs or video of your child to be used please give written or email confirmation). Only the head coach will hold contact details in case of emergencies, these and full names will not be accessible from registers/registration forms in class.

COVID-19: Common Symptoms, as per NHS:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

• I AFFIRM THAT NEITHER I, NOR ANY MEMBER OF MY HOUSEHOLD, CURRENTLY HAS OR HAS EXPERIENCED THE AFOREMENTIONED SYMPTOMS WITHIN THE PAST 14 DAYS. FURTHERMORE, I WILL IMMEDIATELY INFORM CHEER LONDON ALLSTARZ AND DISCONTINUE CLASSES IF I, OR ANY MEMBER OF MY HOUSEHOLD, DEVELOPS ANY OF THE AFOREMENTIONED SYMPTOMS. I UNDERSTAND THAT CHEER LONDON ALLSTARZ CANNOT BE HELD LIABLE FOR ANY EXPOSURE TO THE COVID-19 VIRUS CAUSED BY THE HEALTH HISTORY PROVIDED BY EACH STUDENT. I GIVE MY PERMISSION FOR MY DETAILS TO BE GIVEN TO ACCESS THE NHS TRACK & TRACE SYSTEM IF REQUIRED

SIGNED:

PRINT NAME:

• I GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN CLASS PHOTOS AND/OR VIDEOS THAT WILL BE USED FOR EITHER CLASS PROGRESSION/LEARNING AND/OR ON CLA SOCIAL NETWORKING SITES/WEBSITE.

SIGNED:

PRINT NAME:

