



ATHLETE / VOLUNTEER REGISTRATION FORM

ATHLETE INFORMATION	
First Name:	Middle Name:
Last Name:	Preferred Name:
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender Identity
Race / Ethnicity: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Prefer not to answer.	Language(s) Spoken or Tools Used for Communication: <input type="checkbox"/> Fully Verbal <input type="checkbox"/> Somewhat Verbal <input type="checkbox"/> AAC Device (Program: _____) <input type="checkbox"/> Sign Language <input type="checkbox"/> Visual Schedule
Street Address:	
City, State:	Zip Code:
Phone:	E-mail:
Sizes: <input type="checkbox"/> Adult <input type="checkbox"/> Youth	
Shirt: ____ Sweatshirt: ____ Shorts: ____ Pants: ____ Socks: ____	
Sports / Activities Experience:	
PARENT / GUARDIAN INFORMATION	
Name:	
Relationship:	
Street Address: <input type="checkbox"/> Same Contact Info as Athlete	
City, State:	Zip:
Phone:	E-mail:
EMERGENCY CONTACT INFO	
Name:	
Phone:	Relationship:
PHYSICIAN & INSURANCE INFORMATION	
Physician Name:	
Physician Phone:	
Insurance Company:	Policy Number:
Group Number:	Preferred Hospital:

ATHLETE / VOLUNTEER LIKENESS RELEASE



The Sparkle and Shine Cheer Squad will rely on sponsors and partners to help support our mission. We will use photos, videos and stories of our athletes to show the impact of support by companies that sponsor the Sparkle and Shine Cheer Squad. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to the Work and Play Special Needs Resource Center, Inc, City of Saline, and Saline School District (collectively “Sparkle and Shine Cheer Squad”) and their sponsors / partners to use my likeness, photo, video, name, voice, words, and biographical information (“my likeness”) to acknowledge the sponsors’ and partners’ support for the Sparkle and Shine Cheer Squad.
- The Sparkle and Shine Cheer Squad and its sponsors / partners will not use my likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my likeness.

Athlete Name: _____

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _____ **Date:** _____

Parent / Guardian Name: _____

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent / Guardian Signature: _____ **Date:** _____

Relationship: _____



ATHLETE / VOLUNTEER RELEASE FORM

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Sparkle and Shine Cheer Squad activities.
2. **Likeness Release.** I give permission to the Sparkle and Shine Cheer Squad, partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote, raise awareness and raise funds.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports (participate in Sparkle and Shine Cheer Squad) with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start participating again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize the Sparkle and Shine Cheer Squad representative(s) to seek medical care on my behalf, unless I mark one of these boxes:
 - I have a religious or other objection to receiving medical treatment.
 - I do not consent to blood transfusions.
5. **Overnight Stay.** For some events, I may stay in a hotel. If I have questions, I will ask. I am responsible for the cost of hotel stays (or my portion) unless sponsored.
6. **Personal Information:** I understand that the Sparkle and Shine Cheer Squad will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide.

I agree and consent the Sparkle and Shine Cheer Squad representative(s):

- Using my personal information in order to: make sure I am eligible and can participate safely, participate in trainings and events; share competition results (including the internet, web, news, and social media); analyze data for the purposes of improving programming and identifying and responding to the needs of the squad; provide event related services.
- Using my contact information for communicating with me about the squad.
- Sharing my personal information CONFIDENTUALLY with sponsors / grant writers / partners, for the purpose of obtaining sponsorship, donors and / or grant money.
- I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

Athlete Name: _____

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _____ **Date:** _____

Parent / Guardian Name: _____

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent / Guardian Signature: _____ **Date:** _____

Relationship: _____