



# 2009 Registration

## Registration Information

|                   |  |
|-------------------|--|
| Name              |  |
| Address           |  |
| City              |  |
| State             |  |
| ZIP Code          |  |
| Daytime Telephone |  |
| Evening Telephone |  |
| E-Mail            |  |

## Check Session/classes you are registering for below

Individual Classes      \$15.00  
 Full Month Session      \$40.00  
 Free to *Bailey's* members and paid members of *Professional Cheerleaders Alumni*.

- [Just 4 Kicks SESSION 1: June 2009](#)
- [Just 4 Kicks SESSION 2: July 2009](#)
- [Just 4 Kicks SESSION 3: August 2009](#)

Payment: Amount: \_\_\_\_\_  Check       Cash      Received By: \_\_\_\_\_

## Waiver and Release

The undersigned hereby assumes any and all risk of injury involved in such demonstrations and agrees to release and discharge Professional Cheerleaders Alumni, Inc., Bailey's Powerhouse Gym, any parent, subsidiary, affiliate, successor, predecessor, or otherwise related companies, and the past, present, and future employees, agents, officers, attorneys, directors, shareholders and employee benefit programs of any of them, and their agents and insurers, from all claims of any nature whatsoever, for any injuries that may be sustained by the undersigned during such demonstration.

In recognition of the media coverage of the Professional Cheerleaders Alumni, Inc. and applicants therefore, the undersigned grants the Professional Cheerleaders Alumni, along with any parent, subsidiary, affiliate or licensee her permission and authority to use her name, voice, picture, and likeness in connection with any and all publications, broadcasts, promotions, photographs, promotional posters, commercial products, including but not limited to calendars, pictures and t-shirts.

By signing this Professional Cheerleader Alumni, Inc. Waiver and Release, the undersigned warrants that she is at least (18) years of age. Photo ID must be shown at check-in.

By signing below, you are acknowledging that you have read and agree to all stated above.

Printed Full Name:

Signature:

Date:

Mail this form with payment to:  
 Professional Cheerleaders Alumni, Inc.  
 13751 Devan Lee Dr. E.  
 Jacksonville, FL 32226

Make checks payable to Professional Cheerleaders Alumni, Inc.