

ARKANSAS CHEER ACADEMY

Participant Liability Waiver, Medical Release, and Assumption of Risk Agreement

I, the undersigned parent/guardian, acknowledge that participation in cheerleading, tumbling, gymnastics-style instruction, and fitness activities involves inherent risks including, but not limited to: falls, collisions, sprains, fractures, head injuries, paralysis, and in rare cases, death.

I voluntarily allow my child to participate and assume all risks associated with these activities.

Medical Release

I authorize Arkansas Cheer Academy staff to obtain emergency medical care for my child if necessary. I understand I am responsible for any medical expenses incurred.

Assumption of Risk

I understand that despite safety measures and proper instruction, injuries may occur. I knowingly accept these risks.

Concussion Awareness Acknowledgment

I acknowledge that I have received, read, and understand the Arkansas Cheer Academy Concussion Awareness and Management Protocol, developed in alignment with guidelines from the CDC Heads Up program.

I understand:

- * The signs and symptoms of a concussion
- * My child will be removed from activity if a concussion is suspected
- * Written medical clearance is required before returning to participation

Code of Conduct Agreement

I acknowledge that I have read and agree to abide by the Arkansas Cheer Academy Code of Conduct, including policies related to:

- * Anti-bullying
- * Abuse prevention
- * Respectful behavior for athletes and parents

Release of Liability

I release and hold harmless Arkansas Cheer Academy, its owners, staff, and contractors from any and all liability arising from participation, including claims of negligence, to the fullest extent permitted by law.

Media Release

I grant permission for photos/videos of my child to be used for promotional purposes.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Child's Name: _____

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Concussion Awareness and Management Protocol

Our program prioritizes athlete safety and follows guidance from the CDC Heads Up initiative.

What is a Concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or body.

Common Signs & Symptoms

- * Headache
- * Confusion
- * Dizziness
- * Nausea
- * Sensitivity to light/noise
- * Difficulty concentrating
- * Behavioral changes

Our Protocol

1. Immediate Removal

Any athlete suspected of a concussion will be removed immediately from participation.

2. Parent Notification

Parents/guardians will be notified right away.

3. Medical Evaluation Required

Athletes must be evaluated by a licensed healthcare provider.

4. Written Clearance Required

Return to activity is ONLY allowed with written medical clearance.

5. Gradual Return to Play

Athletes will follow a step-by-step return progression.

Prevention Measures

- * Proper skill progression
- * Certified coaching instruction
- * Safe training surfaces
- * Encouraging athletes to report symptoms

Parent Responsibility

Parents agree to:

- * Monitor symptoms at home
- * Report any head injuries
- * Follow medical recommendations

Signature: _____

Date: _____

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Code of Conduct & Safe Environment Policy

We are committed to creating a positive, safe, and respectful environment.

Athlete Expectations

- * Show respect to coaches and peers
- * No bullying, harassment, or intimidation
- * Follow all safety instructions

Parent Expectations

- * Promote good sportsmanship
- * Respect staff and other families
- * Address concerns appropriately

Anti-Bullying Policy

Bullying of any kind (verbal, physical, social, or cyber) is strictly prohibited.

Consequences may include:

- * Verbal warning
- * Suspension
- * Removal from program

Abuse Prevention Policy

We maintain a zero-tolerance policy for abuse.

Safety measures include:

- * Supervised training at all times
- * No inappropriate physical contact
- * Clear coach-athlete boundaries
- * Immediate reporting of concerns

Reporting Procedure

Any concerns regarding bullying or abuse should be reported immediately to program leadership.

All reports will be taken seriously and handled promptly.

Signature: _____

Date: _____