



Official Scholarship Application

Name _____

School/Gym Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone# (home) _____ **(other)** _____

Date Of Birth ____/____/____ **Age** _____ **School Grade** _____

Division Entering _____

(Please type all information here or attach typed sheet for longer answers)

1. How long have you been cheering/dancing?

2. What kind of awards or honors have you achieved in cheer/dance?

3. What do you offer to your squad or dance team?

4. What kind of other sports or activities are you involved in?

5. What events in your community of service projects have you participated in?

6. What are your goals for yourself in cheer/dance in the future?

7. Are there any other fun facts or interesting things you would like us to know about you?



Release Waiver

Name Of Participant _____

Guardian's name _____

Phone #(home) _____ (other) _____

Emergency Contact _____

Emergency contact's phone # _____

Allergies _____

Recent serious injuries _____

Recent serious illnesses _____

Insurance Company _____

Policy Number _____

- 1. I/We understand, in entering the ISA scholarship program, the risk of personal injury involved in power tumbling, dancing, stunts, cheerleading, etc. which could include serious fractures and/or catastrophic injuries causing permanent or temporary paralysis or even death. I/We are fully aware of the risks and possibility of injury involved.***
- 2. As a parent or legal guardian, I/We agree to provide health insurance for the above named participant and to guarantee payment of any medical expenses incurred as a result of performing, or participation in activities for the ISA Scholarship Program.***
- 3. In consideration for allowing the above-named person to participate in the activities of the ISA Scholarship Program, I/We waive any and all rights or causes of action against any of the ISA staff, coaches, building owners, or any other affiliates for any injuries suffered by my child.***
- 4. I/We have read and understand the above and agree to be bound by the terms hereof.***

Name of Participant's Mother Signature of Participant's Mother Date

Name of Participant's Father Signature of Participant's Father Date

Name of Participant's Guardian Signature of Participant's Guardian Date