



PLEASE PRINT AND FILL OUT COMPLETELY

Today's Date: ____/____/____

STUDENT INFORMATION

Name: _____ DOB: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Cheer Squad: _____

School _____ Grade 2007/2008: _____ Email Address: _____

(only fill out information below which is DIFFERENT than students information)

FATHERS INFORMATION

Name: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Email: _____ Home Email: _____

MOTHERS INFORMATION

Name: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Email: _____ Home Email: _____

PERSON RESPONSIBLE FOR BILLING (fill out only the name if person is listed above)

Name: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Work Email: _____ Home Email: _____

Relationship to Student: _____

OFFICE USE ONLY

Student start date: _____ Student start class: _____

Notes: _____

MEDICAL INFORMATION

Please list all medications student is currently using:

Primary Physician's Name: _____

Disabilities: _____

Hospital Preference: _____

Insurance Company Name: _____

Allergies: _____

Special Needs: _____

Heart Condition	Yes - No	Asthma	Yes - No
Diabetes	Yes - No	Allergic to Medication	Yes - No
Convulsion, Seizure, Disorders	Yes - No	Allergic to Insect Stings	Yes - No

Medical Release Form

I, certify that (student's name(s)) _____ is physically capable and able to fulfill requirements needed to be a cheerleader and performer. I further understand this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, the Elite Cheer & Tumble, Ltd organization, its coaches, agents, staff, requires a doctors (physicians) release. Furthermore, Elite Cheer & Tumble, Ltd, its coaches, and agents are NOT liable for any injury incurred during cheerleading.

The undersigned as parent or guardian gives consent for the cheerleader/participant to engage in cheerleading activities as representatives of the Elite Cheer & Tumble, Ltd organization, and to accompany the team as member on its many, camp, clinics, events, competitions, and trips.

Statement of Hazards in participating In Athletics /Cheerleading/Tumbling

We are aware that playing or practicing to play, or helping with, or participating in any manner in any athletic activity or sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand that dangers and risks of playing, practicing to play, helping or participating in any athletic activity or sports include, but are not limited to the following; death, serious neck, head and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; muscular skeletal system; and serious injury or impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in any athletic activity or sports, I (the student) recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and I agree to obey such instructions, mindful of safe practices and the desirability of avoiding injury.

We (student and parent/legal guardian) state that we have read the above statements and understand the implication of it and will abide by it. We (student and parent/legal guardian) also understand and have read the rules and guidelines of the organization regarding general student's behavior, refunds, travel, chaperones, and fundraising activities.

Signature of Legal Guardian / Adult student _____ Date _____

Medical Treatment Release Form

The undersigned as the parent/legal guardian of the above mentioned do hereby consent to any and all medical treatments, including anesthesia, and operations which may be deemed advisable by any qualified physician selected by the agents of officials of Elite Cheer & Tumble, Ltd. The intention hereof is to grant authority to administer and perform all and singularly any examination, treatments, anesthetics, operations, and or diagnostic procedures, which may now or during the patients care be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact me at the phone number (s) listed below.

Signature of Legal Guardian / Adult Student _____ Date _____



rev. 091905

Class Contract – ALL CLASSES

In the paragraphs below are our policies and procedures for lessons. A copy needs to be returned signed by the parent or guardian.

Payments:

All payments are due on the 1st day of each month, and must be setup by automated credit card or bank draft. Payment is required even in a student's absence. A \$10 late charge is assessed each month for any balance owed past 15 days.

You agree to pay the sum of \$25.00 for each returned check or non-sufficient fund notice. Should payment not be received when due, your account shall be in default. If your account is turned over to an attorney for collection, then your account shall immediately upon receipt by Elite's counsel, incur attorney's fees equal to 33 1/3% of the amount turned over. In addition, interest shall be charged on the principal sum due in the amount of 1.5 percent per month (18% per annum), until paid. An administrative fee of \$100 will also be added to the principle due, which will cover the costs for invoicing, collection calls, postage and company labor associated with delinquent accounts.

A credit card or bank draft authorization form is attached and required for all students. MasterCard, VISA and Discover cards are all accepted. This includes ATM cards with the MC or VISA emblem on them. We regret we cannot accept athletes who do not choose an automated payment method.

Credits and Refunds:

Refunds are not issued unless we inadvertently overcharged your account. Credits are only offered for injuries which force the student to miss practice. These credits are for a maximum of two weeks, and require an original signed letter being delivered to Elite from the treating physician, stating that the student's injury was serious enough to require the missing of classes.

Class Ratio:

Coach to student ratios vary according to class, please contact the gym for more information. On a very rare occasion, ECT staff will inadvertently have a scheduling issue and will exceed our staff to student ratio.

Class Cancellation:

Classes are very rarely canceled, but in instances of inclement weather, or other questionable circumstances, please call the gym or check the web calendar for updates. We normally only cancel for major holidays (Christmas, Thanksgiving) and then for a limited time. You are responsible to check the calendar or contact the gym for scheduling questions. The cost of classes takes this into consideration, and no refunds or credits will be due.

Make Up Lessons:

Make up lessons are offered as scheduling allows. If your athlete misses a class, it can be made up either the week prior to missing or the week after missing a lesson as long as space is available. Please contact the office to schedule your make up lesson. Again, no refunds are offered for missed lessons.

Contract Cancellation:

Cancellation notice must be received 10 days prior to the end of the month to avoid being charged for the upcoming month. The notice should either be emailed to info@elitecheertumble.com or by filling out a withdrawal form at the gym and dropping it in the payment box. Withdrawal forms are also available at the gym upon request. Upon receiving your notice, you will receive an email confirming your withdrawal. **THIS IS YOUR RECEIPT FOR WITHDRAWAL.** If you do not have email, you can get a copy of your withdrawal from the office when you turn it in. (It must be signed and dated by our staff). You should print it and store it safely to guarantee you do not receive further charges to your account. If your account comes into question, you MUST provide proof of withdrawal.

Annual Insurance / Registration Fee:

An annual registration and insurance fee is charged every August 1st. They are not pro-rated or discounted for students who withdrawal any time after August 1st. Students who enroll from August 1st through December 31st will be charged the full registration fee. Those who enroll between January 1st through June 15th will be charged at 50% of the normal rate. For athletes registering during July, the full fee will not be charged until August 1st.

Liability Release form and Charges:

At your first practice, you will be required to have this form and our liability / medical form with you, along with your payment form.

Student Name(s): _____

Parents Names: _____

Signature of Person financially responsible: _____ Today's Date: _____

Legal Guardian / Adult Student Signature: _____ Today's Date: _____

PAYMENT METHOD

Please choose your payment method below:

Bank Draft

Bank Name Name on Account

Routing Number Account Number

Credit Card

MC VISA DISCOVER

Credit Card / ATM Card Number Card Type Exp Date

Name (exactly) on Card Signature Today's Date

I am requesting Elite to please charge my regular invoices to my bank draft or credit card as indicated above. I understand by signing below I am authorizing Elite Cheer & Tumble, LTD to charge my entire balance for the upcoming month and any previous charges at the beginning of each month. I also understand this automated charge may be stopped within 10 days of the end of the month by emailing ECT at info@elitecheertumble.com or by submitting the appropriate forms in writing.

Signature

Today's Date