CheerForce Allstar Team Program Financial Agreement:

2017 | 18 Season: May 2017 - April 2018

01082017

All Star team program membership includes:

Gym registration • Gym insurance fee • USASF athlete membership • Team practices & any extra practices • Open gym • Discounted class tuition • Choreography • Camp • Music • Entry fees for local competitions • Coach fees for local competitions • Team shirt • Competition hairbow • Team hairbow

Membership price:				
Down payment of \$399, then choose either:				
[] Pay-in-Full : <u>\$1,799</u> due by Jun-1 & <u>\$1,</u>	799 due by Aug-1			
 Or [] Payment Plan: \$179 due on 1st & 15th 1st 2 due on 2st 2 due on	on due date.			
All Star team program membership does <u>not</u> include Uniform (same design as 2016/17 season), Warm-up jacket (so Private lessons, Senior teams' leadership trip, Awards Banque attend (i.e. Dallas, Las Vegas, Orlando), Family travel (i.e. hote	ame design as 2016/17), Shoes, Makeup, t, Additional travel trips your specific team may			
TERMS & CONDITIONS (initial acknowledgment of ea	ach)			
1) All payments are non-refundable. Payments are ne illness, injury, sitting-out for late payment, joining after				
2) Pay-in-full payments are discounted and therefore 10	0% <u>non</u> -refundable.			
3) Merchandise (i.e. uniform, clothing, etc) will not be dis	tributed if <u>ANY</u> balance is past due.			
4) Service will be withheld (student sat-out) if account be	ecomes 30 days past due.			
5) Team members are not guaranteed specific positions (i.e. "flyer"), or to perform at each competition	١.		
6) Missed "Team" practice within 7 days of competition may result in being replaced for that comp.				
7) Missed "Team" practice during comp season months: \$25 team hindrance fee (excused & unexcused).				
8) Late Tuition payment: \$25 fee. (There is no payment	nt "grace period")			
9) Returned check: \$30 fee & no personal checks will	be accepted for remainder of the season.			
10) Early termination fee of \$500 will be assessed if my	child leaves the team before April 30, 20	18.		
I (parent / guardian) agree to be solely responsi and agree to all above Terms & Conditions. I understa balance) will result in CheerForce withholding service	and my withholding payment (<i>i.e. pas</i>	t due		
Financial Agreement disputes are adjudicated in Ca adds a \$500 legal service fee if Small Claims Court ad		orce		
Print Parent / Guardian Name	Print Student Name			
Parent / Guardian Signature	Date			
If new this season, who referred you to CheerForce?:				



2017-18 Allstar Teams Registration

Existing customers —> Skip this side; complete <u>ONLY</u> "Financial Agreement" on reverse side. **New customers** —> Complete <u>both</u> sides.

Athlete's First Name:		Last Name:
Date of Birth:	Age on August 31, 2017:	Athlete Cell:
Parent Email (will become yo	our Username):	
Address:	City:	State: Zip:
Mother Name:	Father N	lame:
Mother Cell: ()	Father C	ell: ()
<u> </u>	Medical Authorization and I	 Lishility Relesse
EMERGENCY PROCEDURES	S: For minor injuries, CheerForce polic	ry is to call the parent/guardian listed above, erForce policy is to first call 911, then call the pa
medical treatment for my chi child to stabilize and/or impro related to CheerForce™ instr	ild. I also give CheerForce™ permission ove the current injury or condition that r	heerForce™ and its representatives to consent to administer the necessary emergency care to my child may have sustained during activities prior determination to life threatening emerge eed be made under this authorization.
MINOR INJURIES / MEDICA' medications.	TION: CheerForce will provide banda	ges for minor scrapes & cuts. We do not prov
guidelines, and enforcement, fully aware that any activity in trampoline, etc) creates the p	, and therefore assumes no responsibilit nvolving motion, height, athletic activit possibility of serious injury, and I further	to provide the maximum in safety procedure ty for any accidents or injuries that may occur. y, and/or gymnastic equipment (ie Tumbl-Trak r agree to hold CheerForce and its staff and offi e all rights and claims against CheerForce and it
Any medicines allergic to: _		
Insurance Carrier:		Policy Number:
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