

All Star Cheer "PREP" Program Enrollment

2019/20 Season: August 2019 - March 2020

V-01-11

(3/4-year "limited travel" teams, 1-2x/week practice, attend "local" competitions, no out-of-state)

TUITION: \$119/month (Aug - Mar) + \$299 Down Payment

* Due by 11:59pm on the 1st of each month. \$25 late fee if paid after 1st of each month.

Sibling discount: 2^{nd+} child saves <u>\$100</u> off Down Payment

Pay-in-Full discount: pay by Jul-31 to save \$100

Tuition includes: Gym registration & insurance fee, USASF athlete membership, Team

practices & extra practices. Class tuition discount

MANDATORY TEAM ITEMS:

* Due by 11:59pm on their listed due date. \$25 late fee if paid after item due date.

Pay-in-Full discount: pay by Aug-31 to save \$50

Choreography & Music: \$199 [Sep-15] Competitions & Coach 2 of 3: \$179 [Nov-15] Competitions & Coach 1 of 3: \$179 [Dec-15]

Competition Uniform (if needed; same as '18/19 season): \$250

Not included: Team shirt/bow, warm-up jacket, shoes, private lessons, awards banquet, travel (i.e. hotel, food)

TERMS & CONDITIONS (initial acknowledgment of	each)
1) All payments are non-refundable. Payments are no illness, injury, sitting-out for late payment, joining after	
2) Pay-in-full payments are discounted and therefore 1	00% non-refundable.
3) Merchandise (i.e. uniform, clothing, etc) will not be of	distributed if <u>ANY</u> payment (e.g. "tuition") is past due.
4) Service will be withheld (student sat-out) if paymen	its become 30 days past due.
5) Team members are not guaranteed specific positi	ons (e.g. "flyer"), or to perform at every competition.
6) Missed "Team" practice within 14 days of compet	ition may result in being replaced for that comp .
7) Missed "Team" practice during comp season mont	hs: \$25 team hindrance fee (excused <u>&</u> unexcused).
8) Returned check: \$30 fee & no personal checks acc	epted for remainder of the season.
9) Early termination fee of \$350 will be assessed if my	child quits the team before the last comp of season.
I (parent / guardian) agree to be solely responsible to all above Terms & Conditions. I understand my withho in CheerForce withholding service (i.e. student sat-out / re	lding payment (i.e. past due balance) will result
Financial Agreement disputes are adjudicated in Califo \$500 legal service fee if Small Claims Court adjudicates a	
Print Parent / Guardian Name	Print Student Name
Parent / Guardian Signature	 Date

If new this season, who referred you to CheerForce?:



2019-20 All Star Cheer Registration

Simi Valley

	LdSI	t Name:
Date of Birth:	Age on August 31, 2019:	Athlete Cell:
Current customers —>	Skip remainder of this page; c	omplete reverse side of this form
New customers —> Co	omplete <u>both</u> sides.	
Parent Email (will become you	r Username):	
		State: Zip:
Mother Name:	Father Name	e:
Mother Cell: ()	Father Cell:	()
follow their directions. In the raguardian listed above. EMERGENCY TREATMENT P medical treatment for my child	are case of a more serious injury, CheerFor	o call the parent/guardian listed above, and rce policy is to first call 911, then call the pa Force™ and its representatives to consent to diminister the necessary emergency care to child may have sustained during activities
follow their directions. In the raguardian listed above. EMERGENCY TREATMENT P medical treatment for my child child to stabilize and/or improved related to CheerForce™ instructions.	RE-AUTHORIZATION: I authorize CheerFor I. I also give CheerForce™ permission to a ve the current injury or condition that my c	rce policy is to first call 911, then call the pa Force™ and its representatives to consent t dminister the necessary emergency care to child may have sustained during activities r determination to life threatening emerge
follow their directions. In the raguardian listed above. EMERGENCY TREATMENT P medical treatment for my child child to stabilize and/or improved related to CheerForce™ instruction or danger of serious or permanents.	RE-AUTHORIZATION: I authorize CheerFord. I also give CheerForce™ permission to a verthe current injury or condition that my cotion, practices, or performances. No prior tent injury resulting from treatment need be	rce policy is to first call 911, then call the pa Force™ and its representatives to consent to dminister the necessary emergency care to child may have sustained during activities or determination to life threatening emergen be made under this authorization.
follow their directions. In the raguardian listed above. EMERGENCY TREATMENT P medical treatment for my child child to stabilize and/or improve related to CheerForce™ instructor danger of serious or permant MINOR INJURIES / MEDICATION medications. SAFETY PROCEDURES / LIAE guidelines, and enforcement, a fully aware that any activity invertampoline, etc) creates the position of the process of the serious of the process of	RE-AUTHORIZATION: I authorize Cheerford. I also give CheerForce™ permission to a verthe current injury or condition that my continuous practices, or performances. No prior ment injury resulting from treatment need by the CheerForce will provide bandages for the current injury resulting from the continuous provide bandages for the continuous provide bandages for the current provide bandages for the continuous provide bandages for the current provide bandages	Force TM and its representatives to consent to dminister the necessary emergency care to child may have sustained during activities or determination to life threatening emergency be made under this authorization. For minor scrapes & cuts. We do not provide the maximum in safety procedures, for any accidents or injuries that may occur. Ind/or gymnastic equipment (ie Tumbl-Trake to hold CheerForce and its staff and office
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