



2018-19 Special Needs Registration

1 Athlete's First Name: _____ Last Name: _____
 Date of Birth: _____ Athlete Cell: _____

2 Briefly Describe your Child's Abilities and Limitations:

Current customers: complete only "3a" New customers: complete "3b" & "4"

3a Existing CheerForce online acct Username (*email*): _____

Parent Email (*will become your Username*): _____

3b Address: _____ City: _____ State: _____ Zip: _____
 Mother Name: _____ Father Name: _____
 Mother Cell: (_____) _____ Father Cell: (_____) _____

Medical Authorization and Liability Release

EMERGENCY PROCEDURES: For minor injuries, CheerForce policy is to call the parent/guardian listed above, and follow their directions. In the rare case of a more serious injury, CheerForce policy is to first call 911, then call the parent/guardian listed above.

EMERGENCY TREATMENT PRE-AUTHORIZATION: I authorize CheerForce™ and its representatives to consent to medical treatment for my child. I also give CheerForce™ permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to CheerForce™ instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

4 **MINOR INJURIES / MEDICATION:** CheerForce will provide bandages for minor scrapes & cuts. We do not provide medications.

SAFETY PROCEDURES / LIABILITY RELEASE: CheerForce strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (ie TumbI-Trak, trampoline, etc) creates the possibility of serious injury, and I further agree to hold CheerForce and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against CheerForce and its parties.

Any medicines allergic to: _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian signature: _____ Date: _____



CheerForce Special Needs Team Financial Agreement:

2018-19 Season: September 2018 - April 2019

090918

1 mandatory

TUITION: Team practice (*once/week*)
 Registration includes one team shirt, USASF Membership.

PAY IN FULL: \$75 registration + \$300
OR

PAYMENT PLAN: \$75 registration + eight (8) payments of \$40
 (Sep-1, Oct-1, Nov-1, Dec-1, Jan-1, Feb-1, Mar-1, Apr-1)
 - Payment is due 1st day of each payment month. Autopay is drafted on 1st day of each month.

2 mandatory

COMPETITION UNIFORM: Top, Skirt, Bow

PURCHASE: New uniform: \$195
OR

LOANER (*only if size is available*): Free, with a credit card on file.
 Students that check-out a uniform must return it to the gym in re-usable condition before April 15th, 2019. If the uniform is not returned or determined to be unusable, the card on file will be charged for a replacement uniform (\$195).

3 mandatory

TEAM ITEMS:

Competition Entry Fees: FREE

Music: FREE

Coach Travel: \$50 (due Nov-15)

* Does not include optional items: backpack, warm-ups, shoes, makeup
 * Any travel expenses are the responsibility of each family.
 * Each student is encouraged to wear white tennis shoes (no colorful designs)

TERMS & CONDITIONS (*initial acknowledgment of each*)

- 1) ___ **All payments are non-refundable.** Payments are never pro-rated/refunded...including cases of illness, injury, sitting-out for late payment, joining after **September 2018** or quitting before **April 2019**.
- 2) ___ **Pay-in-full** payments are discounted and therefore **100% non-refundable**.
- 3) ___ **Merchandise** (*i.e. uniform, clothing, etc*) will not be distributed if ANY payment (e.g. "tuition") is past due.
- 4) ___ **Service will be withheld** (*student sat-out*) if payments become **30 days past due**.
- 5) ___ Team members are **not guaranteed specific positions** (e.g. "flyer"), or to perform at every competition.
- 6) ___ **Missed "Team" practice within 14 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) ___ **Returned check:** \$30 fee & no personal checks accepted 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** for the above financial commitment and agree to all above Terms & Conditions. I understand my withholding payment (*i.e. past due balance*) will result in CheerForce withholding service (*i.e. student sat-out / replaced for competition*).

Financial Agreement disputes are adjudicated in California Small Claims Court. CheerForce adds a \$500 legal service fee if Small Claims Court adjudicates a dispute.

Print Parent / Guardian Name

Print Student Name

Parent / Guardian Signature

Date

Who referred you to CheerForce: