



2017-2018 ALL STAR PREP CHEERLEADING TEAM

Athlete's First Name: _____ Last Name: _____

Date of Birth: _____ Age on August 31st, 2017: _____ Athlete Cell: _____

Registration: registration, USASF fee, gym insurance fee, program shirt, May tuition
 \$265 Deposit # 1 Due at first practice. \$50 Discount if paid by March 1st, 2017

Team Preparation: Professional choreography, Professional music and editing
 \$230 Deposit # 2 Due July 1st, 2017

Uniform: Top(\$100), Skirt (\$50), Bow(\$20) (If uniform not needed, this deposit is waived)
 \$170 Deposit # 3 Due September 1st, 2017

Competition Fees: Entry fees, coaches fees
 \$150 Deposit # 4 Due November 1st, 2017

Tuition: Monthly practice fees for twice weekly practice
 \$99 per month June through April. Discount for payment in full by April, 2017

I, _____ Parent/legal guardian of _____, do hereby give Gym Trix Inc, authorization to use my credit/debit card for all monthly payments (deposit, assessment fees, monthly fees.)

Please initial:

____ 1.) Cheerforce cheerleaders will receive their monthly invoices at the end of the month for the next month. Read over your statement and notify the office prior to the 20th of each month if there is a discrepancy in your monthly bill.

____ 2.) I acknowledge that the fees mentioned above will be deducted on the 25th of each month for the upcoming month. I acknowledge that if the 25th falls on a Friday, weekend or a holiday, that my card will be charged on the Thursday prior.

____ 3.) I understand that if my child decides to quit the Cheerforce Allstar Prep program (for any reason other than family relocation or sports injury with a valid physician's certificate) at anytime from the acceptance dates to the end of the competition season (April 30, 2018) a \$150 cancellation fee will be deducted from this card given to Gym Trix Inc.

____ 4.) I understand that a late fee of \$15 will be applied on the 1st for fees not paid for that month's tuition.

____ 5.) I understand that all payments are non-refundable. Payments are never pro-rated or refunded.

Auto Pay information	Visa	Mastercard	Discover	Amex (circle one)	Exp. MM/YY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cardholder name: _____ **CVC:(3 or 4 digit)** _____

Billing Address to card: _____ **Zip:** _____

- Merchandise(i.e. uniform, clothing etc) will NOT be distributed if ANY CheerForce balance is past due.
- I, (parent, guardian) understand the CheerForce contract and agree to be solely responsible for the above financial commitment.

Card Holder's Signature: _____ **Date:** _____



Medical/Liability Release Form

Event Name/Date(s): 2017-2018 Season (May 2017-April 2018)

Athlete's Full Name: _____

Address: _____

City/State/Zip _____ Home Phone _____

Birth Date: _____ Sex: M F Athlete e-mail _____

Age by August 31, 2017 _____ Current School: _____

Parent(s)/Guardian Living with Cheerleader: _____

Parent Daytime Phone _____ Mom's Cell _____ Dad's Cell _____

Parent E-Mail _____ (most announcements are sent via email)

Referred by: _____ (Please only list one.)

Authorization and Release

I authorize GymTrix Inc and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give GymTrix Inc. 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 GymTrix instruction, practices, or performances. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury, and I further agree to hold GymTrix and its staff and officers harmless for any injury or resulting expense(s). I release and discharge all rights and claims against GymTrix, Inc. GymTrix strives to provide the maximum in safety procedures and guidelines, and therefore, assumes no responsibility for any accidents or injuries that may occur.

Parent/Guardian Signature _____ Date _____

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete:

Any medicines athlete is allergic to: _____

Doctor: _____ Phone _____

Medical Insurance Co./Policy # _____

Emergency Contact: _____ Phone _____

