

I understand if the participant is enrolled in a program that has reoccurring monthly tuition I am continuously enrolled in the program and I will incur reoccurring monthly tuition charges on my account until I submit a Stingray Cheer class drop request. This document may be obtained from the office. If I am dropping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that Stingray Cheer does not give make-up classes, credit and/or refunds for, but not limited to programs, class(es), tumbling, cheerleading, clinics, camps, private lessons, competitions, family fun nights, parents night out, trampoline, dance, conditioning, fitness, missed and/or cancelled due to holiday, vacation, illness, weather or any other reason. **Stingray Cheer does not issue refunds. All sales are final for any product and/or service purchased and/or provided by Stingray Cheer.** If I should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while we are closed for holidays. I am responsible to make timely payments of my balances due on my Stingray cheer account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have reoccurring monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, Stingray cheer will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$50.00. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with Stingray cheer. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the Stingray cheer office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed, and my account balance remains overdue, understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. A \$40.00 insufficient funds fee will be charged for all un-paid accounts monthly. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of Stingray Cheer to notify the member of expired/declined credit cards. All overdue accounts, including cancelled accounts, will be charged \$50.00 late fee each month until the account is paid in full or arrangements are made for payment. Stingray cheer reserves the right to modify the terms of this agreement with written notice.

I understand and agree that Stingray Cheer does not give or provide (for any reason) any of the following: Make-up classes; Credits; or Refunds (all sales of goods and services are final) For any of the following: any program; classes; tumbling; cheerleading; competitions; clinics; camps; private lessons; family fun nights; parents' night out, dance; conditioning; fitness; and/or, any other good or service offered or provided by Stingray cheer;

Signature of Parent/ guardian _____

Printed Name: _____ Date: _____

Stingray Cheer INJURY RELEASE/ WAIVER AND MEDIA RELEASE I _____, as the duly authorized Parent or Guardian of _____ (the "Athlete"), have voluntarily registered the Athlete to participate in the above activity which includes, but is not limited to, cheerleading, stunting and tumbling and other activities associated therewith (collectively referred to as "Cheerleading"). I acknowledge that the nature of Cheerleading is inherently dangerous and may expose the Athlete to hazards that may result in personal injury, illness or death to the Athlete and I understand and appreciate the nature of such hazards and risks. In consideration of the Athlete's participation in Cheerleading, I hereby accept all risk to the Athlete's health, injury or death that may result from such participation and I hereby release DWG athletics LLC, its member, officers, directors, employees and representatives from any and all liability to the Athlete and me, and our respective personal representatives, estate, heirs, next for kin, and assigns for any and all claims and causes of action for loss of or damage to property and for any and all illness or injury to the Athlete, including the Athlete's death, that may result from or occur during the Athlete's participation in Cheerleading, whether caused by the negligence of DWG athletics: DBA Stingray cheer or otherwise. I further agree to indemnify and hold harmless Stingray Cheer from liability for the injury or death of any person(s) and damage to property that may result from the negligent or intentional acts or omissions of Stingray Cheer, its instructors, agents, employees, independent contractors, me, the athlete, and/or other athletes, students, participants, and/or patrons of Stingray Cheer while participating in Cheerleading. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE ATHLETE'S ILLNESS, INJURY OR DEATH OR DAMAGE TO PROPERTY THAT OCCURS WHILE PARTICIPATING IN CHEERLEADING AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THE NEGLIGENCE OR INTENTIONAL ACTS OR OMISSIONS OF ME OR THE ATHLETE. Furthermore, I grant Stingray Cheer the right to use the athlete's picture, video, or likeness in media, advertising or for use on Stingray cheer Website, publications and advertising.

_____ Date signed: _____ Signature of Parent/ Guardian (Minors must have a Parent/ Guardian signature)



PARTICIPANT INFORMATION 2018/2019

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Child's Home Phone#: _____ Parent e-mail: _____

PARENT / GUARDIAN INFORMATION:

Mother Name: _____ Phone _____

Father Name: _____ Phone _____

EMERGENCY CONTACT PERSON(s): (other than parent or guardian)

Name: _____ Relationship: _____ Phone _____

Special Instructions: _____

Known Allergies: _____

Medical Conditions: _____

Current Medications: _____

MEDICAL EMERGENCY TREATMENT: I hereby give Stingray Cheer permission to administer basic first aid and / or CPR to my child (Name) _____ and / or take my child (Name) _____, to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature: _____ **Date:** _____

In the event my child requests over the counter medication such as, but not limited to; Tylenol, Advil, Midol, I grant permission to Stingray Cheer staff to administer to my child without a telephone call to me.

Agree Do Not Agree **Parent signature** _____