ALLSTAR CHEER EXPRESS
2020-2021 Registration Form

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REGISTRATION: We must receive the following completed pages and full payment of $100.00 fee to register. A copy of the participants Birth Certificate must be turned in unless they are a CURRENT USASF MEMBER. Please fill out a separate form for each athlete. Registration forms can be emailed or dropped off at ACE or Southern Knight Boutique(next door to ACE) during business hours. Please follow social media for current business hours.

ATHLETE'S INFORMATION:

NAME: _____

MOBILE #: _____

BIRTHDAY (MONTH, DAY, YEAR): _____

SHOW TEAM_____ COMPETITIVE TEAM_____COMPETITIVE HIPHOP_____

TUMBLE_____

(Please note that we the coaching staff will places athletes where we believe they need to be at this time)

HEALTH INSURANCE INFORMATION:

Company: _____

Policy #: _____

PARENT INFORMATION:

Mom's Name: _____Cell #: _____

Dad's Name: _____ Cell #: _____

Parent Responsible for Tuition and Participation Fee payments: _____

Parents email address: _____

MEDICAL & PHOTO/ VIDEO RELEASE FORM

Athlete's Name: _____DOB_____

Physical Handicaps: (specify physical impairments)

_____

Chronic Ailments:

____Asthma _____Circulatory or Heart Problems _____Diabetes _____Epilepsy

_____Hemophilia/ other bleeding problems _____other (Specify)

Allergies:

_____Penicillin _____Insect Bites _____Other (Specify)_____

Accident/ Health Insurance Information:

Company: _____

Policy #: _____

Preferred Hospital_____

Preferred Physician_____

Emergency Agreement:

In case of emergency, I hereby give permission to the physician selected by the child's cheerleading coach/ instructor to hospitalize at the hospital listed above or nearest facility, secure proper treatment for the to order injection, anesthesia or surgery for my child, as named above.

Name of Parent / Guardian (Please Print) _____

Parent/ Guardian's Signature: _____Date: _____

Photo/Video Release:

I hereby give permission for images of my child captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Allstar Cheer Express promotional material and publications and waive any rights of compensation or ownership thereto.

Name of Parent / Guardian (Please Print) _____

Parent/ Guardian's Signature: _____Date: _____

Allstar Cheer Express Liability Release

I, the parent and /or legal guardian of _____, understand that by the nature of this activity cheerleading and gymnastics carry a risk of physical injury. I believe that my child is qualified to safely participate in such activity. I realize that no matter how careful the participant and coaches are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I hereby Release, discharge, covenant not to sue and agree to indemnify and save hold harmless each of the Releases (Allstar Cheer Express all-star teams, other participants, any sponsors, advertisers, administrators, directors, agents owners, officers and lessors of the premises on which the activity takes place) from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release I, the minor, or anyone on the minor's behalf makes a claim against any of the releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage, cost any Release may incur as the result of any such claim.

***Initial_____**

Tryout / Participation Release

I, the parent and/or legal guardian, understand that my child will go through a clinic/tryout evaluation and selection process and that my child's participation in the All Star Cheer Express Program will rely on her/his skills, abilities, attitude, attention span, history in the program if applicable, etc. I understand that my child will be evaluated by the owner/coaches and approved by Allstar Cheer Express management. We, the parent and/or guardian and the tryout participant, agree to abide by all decisions made by the coaches, Allstar Cheer Express Staff and management without argument. Upon making a Allstar Cheer Express team, my child has permission to participate in the Allstar Cheer Express and I understand that by their participation in the program my child and I, the parent, must abide by all the rules and regulations set forth by the advisors, coaches, staff and management of Allstar Cheer Express. I, and my child/athlete/participant understand that evaluation is not only marked by the tryout dates but is continuous process throughout the season. We agree to support the coach's professional opinions and the decisions they make.

***Initial_____**

Team Commitment Agreement

I am aware that by allowing my child's participation in the All Star Cheer Express Program that we collectively are making a commitment to her/his teammates and her/his coaches for the duration of the season. In honor of that commitment, my child will be at all practices and competitions (unless it is approved in the absentee policy and/or by the All-star director) and will be ready to support all team decisions set forth by its coaches and directors. This commitment is for the duration of the competition year (Tryouts through the final scheduled competition) and my Ace Cheerleader and I as her/his parent will honor this commitment. I understand if our commitment is not honored, my child (or other siblings) will not be eligible for the next season Allstar Cheer Express Program Tryout/ Evaluation and that all monies spent are non-refundable.

***Initial_____**

Failure to Abide

I have read the All Star Cheer Express handbook and understand all the rules required to be a part of the All Star Cheer Express program. I understand that by mine or my child's failure to abide by the rules set forth in the contract can result in dismissal from all Allstar Cheer Express Programs. I am aware that the management of Allstar Cheer Express reserves the right of the dismissal of any student for any reason stated or not stated in this contract if the management of Allstar Cheer Express feels it to be necessary. I also understand that these guidelines and standards have been put into place to protect the time, financial and work investment of the team members of Allstar Cheer Express. By my signature, I agree with the terms stated in this contract and will abide by the rules set by Allstar Cheer Express and its directors for the duration of this season and/or the duration of my child's participation in this activity.

***Initial_____**

_____	_____	_____	_____
Parent/Guardian Signature # 1	Date	Parent/Guardian Signature# 2	Date
_____	_____	_____	_____
Printed Name of above	Phone Number	Printed Name of above	Phone Number
_____	_____	_____	_____
Allstar Cheer Express Signature	Date	Allstar Cheer Express Signature	Date

All tuition and participation fees and for Allstar Cheer Express are handled by an automatic draft system unless the full season is paid in advance by cash or money order. Your bankcard or credit card (Visa or MasterCard only) will be automatically billed monthly for tuition and participation fees if not paid in advance. • Tuition fees are billed on the 1st of each month, or on the Monday following the 1st of the month when the 1st is on a Sunday or a date when Allstar Cheer Express office is closed. • If a transaction is declined on the 1st for any reason, Allstar Cheer Express will notify the cardholder of the declined transaction via email. The transaction will run again every 3 days until payment is received. • If the transaction is not successful by the 10th of the month, a $25 NSF/Late Fee will be added to the delinquent account and the transaction will continue to be run until successfully drafted. • If payment has not successfully drafted by the 15th of the month and contact from the cardholder has not been made, all fees must be caught up before participation in the program can continue. Late fees applied to Tuition Account or Accounts for late payments to Allstar Cheer Express will be drafted from this bank or credit card.

Participation Fees are due June 15th, July 15th, Sept 15th, Oct 15th. A $25.00 Late fee will be applied if the payments are not paid on the due date. Participation fees are drafted on the above dates. If the transaction is declined for any reason Allstar Cheer Express will notify the cardholder of the declined transaction via email. The transaction will run again every 3 days until payment is received. • If the transaction is not successful by the 25th of the participation fee mon Allstar Cheer Express will notify the cardholder of the declined transaction via email. The transaction will run again every 3 days until payment is received. • If the transaction is not successful by the 10th of the month, a $25 NSF/Late Fee will be added to the delinquent account and the transaction will continue to be run until successfully drafted month, a $25 NSF/Late Fee will be added to the delinquent account and the transaction will continue to be run until successfully drafted. Participation in practice and events will be suspended until all fees are paid. These fees are non-refundable!

*****Cancellation Policy***** I am aware that I must notify AllStar Express in writing as of the 20th of the month prior to the month of cancellation. If this notification is not received by Allstar Cheer Express by this date, my account will be charged for the following month. Upon cancellation, participation in programs at Allstar Cheer Express is suspended as of the end of that pay period/month. All refunds are made at the discretion of Allstar Cheer Express. By my signature, I am in agreement with the points mentioned in this payment agreement and will honor this agreement for the duration of my child's participation in this activity.

Parent/Guardian Signature:_____ Date:_____

Billing Information for automatic draft: ***All fields must be completed for application to be accepted.***
Name (as it appears on card)_____
Cardholder's relationship to participant:_____
Street Address (where card statements are sent):_____
City:_____ State:_____ Zip:_____

Phone number: Home:_____Cell:_____
Email Address:_____Receipts and notification of unsuccessful transactions will be sent via email.
Tuition Amount to be drafted on 1st of each month: Card Type:_____
Card Number_____Exp. Date:_____
Please inform us promptly of any changes to the information above
Cardholder's Signature:_____

****Above information must be provided for tuition purposes. Registration must be paid when forms are emailed or dropped off via cash, cash app or venmo. Please Contact for more info.**