

THE CHEER CONNECTION - TERMS OF REGISTRATION - 2019

STUDENT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

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STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

MOTHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

INSURANCE COMPANY AND POLICY #: \_\_\_\_\_

**PLEASE SIGN FORM ON THE BACK BEFORE STUDENT ATTENDS A CLASS**

-----**FOR OFFICE USE ONLY**-----

CLASS	CODE	DAY	TIME	RATE	ENTERED

REGISTRATION FEE PAID ON DATE: \_\_\_\_\_

## TCC POLICIES AND PROCEDURES:

1. TUITION AND REGISTRATION FEES ARE NON-REFUNDABLE. ALL MAKE-UP CLASSES MUST BE SCHEDULED WITH THE OFFICE AND MUST BE MADE-UP WITHIN 2 WEEKS OF THE MISSED CLASS. NO REFUNDS OR PRO-RATES FOR MISSED CLASSES.

2. TUITION IS DUE ON THE 1<sup>ST</sup> CLASS DAY OF THE MONTH. IT IS CONSIDERED LATE AFTER THE 10<sup>TH</sup> DAY OF THE MONTH. A \$10 LATE FEE WILL BE ADDED TO ALL LATE TUITION AND TUITION WILL BE CHARGED ON THE 10<sup>TH</sup> TO THE CARD ON FILE (ALL STUDENTS PAYING MONTHLY MUST HAVE A CARD ON FILE).

**3. ALL STUDENTS ARE RESPONSIBLE FOR THE ENTIRE SEMESTERS TUITION (JAN-MAY, JUNE-AUG OR SEPT-DEC). ONE WEEK WRITTEN NOTICE IS REQUIRED FOR STUDENTS DROPPING A CLASS. DROP FORM CAN BE FOUND IN THE LOBBY OR ON OUR WEBSITE.**

4. A \$25 FEE WILL BE ASSESSED ON ALL RETURNED CHECKS. FOR ACCOUNTS WITH RETURNED CHECKS, CASH OR MONEY ORDER ONLY WILL BE ACCEPTED FOR FUTURE TUITION.

5. IF A STUDENT IS UNABLE TO ATTEND BUT WOULD LIKE TO HOLD THEIR SPOT IN THE CLASS, TUITION MUST BE PAID FOR THE MONTH MISSED.

I HAVE READ AND I UNDERSTAND AND ACCEPT ALL TERMS OF REGISTRATION AND ALL POLICIES AND PROCEDURES OF THE CHEER CONNECTION.

\_\_\_\_\_  
PARENT'S SIGNATURE – Spring Semester '19

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE – Summer Semester '19

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE – Fall Semester '19

\_\_\_\_\_  
DATE

I fully understand that THE CHEER CONNECTION staff members are not physicians or medical staff of any kind. With the above in mind, I hereby release THE CHEER CONNECTION staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by THE CHEER CONNECTION staff to call our doctor and to seek medical help, including transportation by a staff member or representative of THE CHEER CONNECTION, whether paid or volunteer, to any health care facility, hospital or the calling of an ambulance for said child should THE CHEER CONNECTION staff deem this to be necessary. We also authorize the physicians and/or hospital to perform treatment to any illness or injury to my/our child. I/We authorize payment for treatment, either personally or through our family health insurance.

We, the staff of THE CHEER CONNECTION, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of tumbling, gymnastics and cheerleading and all other activities. Students may suffer injuries possibly minor, serious or catastrophic in nature. Tumbling, cheerleading and all other activities can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coach's instructions. THE CHEER CONNECTION coaches and staff will not accept responsibility for injuries sustained by any student during the course of tumbling, cheerleading, trampoline, dance instruction, or in the case of any exhibition, competition, special event, or camp/clinic in which he/she may participate in while traveling to or from the event. With this in mind, and being fully aware of the risks and possibilities of injury involved, I consent to have my child or children participate in the programs offered by THE CHEER CONNECTION. I, my executors, or other representatives, waive and release all rights to claims for damages that I or my child may have against THE CHEER CONNECTION and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of tumbling and injury. The parent should warn the child according to what the parent feels appropriate. THE CHEER CONNECTION will only warn the child through "Safety Rules" and our teaching style and progressions.

\_\_\_\_\_  
PARENT'S SIGNATURE – Spring Semester '19

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE – Summer Semester '19

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE – Fall Semester '19

\_\_\_\_\_  
DATE