

Louisiana CheerNastics, LLC
9744 Saint Vincent Ave
Shreveport, LA 71106
www.lcncheer.com 318-865-0284

Signature of Parent/or Legal Guardian

Cheer Tumbling Registration Form

(Please complete all fields and understand all information stated below)

How did you hear about us? _____ Referral Name: _____

Student Information

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

(2 contacts required)

Parent/Guardian(s) Name: _____

Relationship: _____

Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

EMAIL: _____

Parent/Guardian(s) Name: _____

Relationship: _____

Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

EMAIL: _____

Health Insurance Carrier: _____

T-Shirt Size: _____ **Shorts Size** _____

Please contact Louisiana CheerNastics or visit www.lcncheer.com for class schedules.

Circle day and write time of scheduled class(es):

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Other: _____

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Medical & Photo/Video Release Form

Student Name: _____ DOB: _____

In case of Emergency, call:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Physical Handicaps:

(specify body parts, weaknesses, weight problems, physical impairments, etc.)

Chronic Ailments:

_____ Asthma _____ Circulatory or Heart Problems
_____ Diabetes _____ Epilepsy
_____ Hemophilia/other bleeding problems
_____ Other (Specify) _____

Psychological Handicaps: (fears, anxieties, etc.)

Allergies:

_____ Penicillin
_____ Insect Bites
_____ Other (specify) _____

Accident/Health Insurance Information:

(Please attach a copy of insurance card)

Company: _____ Policy #: _____
Preferred Physician: _____ Phone: _____

Emergency Agreement:

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

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 Louisiana CheerNastics promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement
(“AGREEMENT”)

In consideration of participating in programs at Louisiana CheerNastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant no to sue Louisiana CheerNastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand I have given up substantial rights by signing it and have signed it freely and with out any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of participant

Date

Signature of participant

PARENTAL CONSENT

And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS each of the Releasees 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 Releasees 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 above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Date

Signature of Parent/or Legal Guardian

General Information:

We offer Cheer Tumbling classes that are appropriate for ages 4 and up, and can accommodate any skill level from beginner to advanced. Our tumbling classes focus on the gymnastics skills that are associated with the growing sport of cheerleading. To offer our members the best service possible, we strive to maintain a 7 to 1 student-to-teacher ratio in all classes. We try to place students in classes of similar age and skill level.

Classes:

Cheer Tumbling Class: 1 hour per week class appropriate for children ages 6 and up
Pre-School Cheer Tumble Class: 45 minute class per week appropriate for children ages 4 and 5.

Tuition and Fees:

Registration Fee: \$35/Individual
\$50/Family (two or more siblings)

Note: The registration fee is assessed one time only if the student(s) continue classes month to month. If the student's attendance or monthly payments are not maintained, the student is removed from the roll and new registration would be required to continue classes. The student's current class may or may not be available.

Monthly Class Fee:
- Cheer Tumbling Class: \$68 monthly
-Additional Class or Student: \$58 monthly
- Pre-School Cheer Tumble Class: (6 to 1 student-to-teacher ratio) \$63 monthly
- Additional Pre-School Class or Student: \$53 monthly

I have read and understand that the above information is accurate to the best of my knowledge.

Parent/Guardian Signature_____ Date:_____

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Payment Agreement

1. Automatic Draft from Credit/Debit Card:

- Your bank card or credit card (Visa or MasterCard only) will be automatically billed monthly for tuition.
- Fees are drafted on the 1st of each month. (Unless, the 1st of the month falls on a weekend or a day that Louisiana CheerNastics is closed, it would then be drafted on the next day or the Monday following the weekend.)
- If a transaction is filed with insufficient funds (declined), a \$25 NSF fee will be added to the delinquent account and the fee will continue to be run daily until successfully drafted.
- If payment (plus NSF fee) has not successfully drafted by the 15th of the month and contact from the cardholder has not been made, class enrollment will be forfeited and registration fees will be reassessed before participation in the program can continue.

Cancellation Policy: I am aware that I must fill out a class withdrawal form for Louisiana CheerNastics as of the 20th of the month prior to the month of cancellation.

If this notification is not received by Louisiana CheerNastics by this date, my account will be charged for the following month. Upon cancellation, participation in programs at Louisiana CheerNastics is suspended as of the end of that pay period/month. To resume participation after cancellation, registration fees will be re-assessed.

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. All refunds are made at the discretion of Louisiana CheerNastics Management.

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 numbers: Cell: _____ Home: _____

Email Address: _____

***Receipts for all payments and notification of unsuccessful transactions will be sent via email.**

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.