

Card Holder's Signature: __

2021-2022 All Star Prep & Limited Cheerleading Team

						<u> </u>
A	.thlete's First Name:		Last Na	ıme:		-
D	Oate of Birth:		Cell:			
R		stration,gym insura Deposit # 1 (Due at	1 0	n shirt.		_
	_	ration: Professional Deposit # 2 Due July	0 1 .	ofessional music a	and editing]
]		rm: Top(\$200), Skirt Deposit # 3 Due Sep		(* CHARGED IF N	NEEDED)]
€	Competition Fees	: Entry fees, & coacl	hes fees			1
	<u>\$190</u>	Due: 11/	/1/21, 1/1/22 & 2/1/	22		
T		practice fees for twic 1 25/Limited per mo	J 1	April.]
TERMS						_
(initial acknowle	dgment of each)					
	=	lable. Payments are neve quitting before April 2022	-	including cases of illn	ess, injury, sitting-out f	or late pay-
	n-full payments are 10					
		clothing, etc) will not be c	distributed if ANY paym	ent (e.g. "tuition") is	past due.	
4) Servi	ce will be withheld (stu	udent sat-out) if payments	s become 30 days pas	t due.		
5) Team	members are not guar	ranteed specific positions	s (e.g. "flyer"), or to po	erform at every compe	tition.	
6) Missec	d "Team" practice with	in 14 days of competitio	on may result in being	replaced for that comp	p.	
7) Return	ed check: \$30 fee & no	o personal checks accept	ted for remainder of th	ie season.		
8) Early te	ermination fee of \$500	will be assessed if my cl	hild quits the team bef	ore the last comp of so	eason.	
9) All mon	nthly payments are aut	o debited on the 25th of	the month or on depos	sit due date		
my withholding p cial Agreement d cates a dispute.	payment (i.e. past due l lisputes are adjudicate	y responsible for the abo balance) will result in Gy d in California Small Clai	m Trix withholding ser ims Court. Gym Trix a	vice (i.e. student sat-o	out / replaced for comp	etition). Finan-
Print Parent / Gi	uardian Name:				_	
Parent/Guardian	ı Signature		- Date			
Auto Pay informa	ation Visa Mastero	card Discover Amex	(circle one)		Exp. MM/YY	
Cardholder r	name:		CVC:	(3 or 4 digit)		
Billing Address	s to card:		Zip:			

_Date:___







Medical/Liability Release Form

Event Name/Date(s):	2021-2022 Season	(June 2021-April 2	022)			
Athlete's Full Name:						
City/State/Zip	Home Phone					
Birth Date:	Sex: M F					
Date of Birth:	Current School:					
Parent Daytime Phone _		Mom's Cell	Dad's Cell	-		
Parent E-Mail	(most announcements are sent via email)					
	(Please only list one.					
Authorizatio	n and Relea	se				
Stabilize and/or improve GymTrix instruction, pra I am fully aware that any and I further agree to hol and discharge all rights a	the current injury or concices, or performance activity involving mode GymTrix and its staffed claims against Gym	ondition that my chies. Exceptions to the tion, height, or athle fand officers harmlaTrix, Inc. GymTrix	ninister the necessary emergency care to a ld may have sustained during activities resis authorization are as follows: etic activity creates the possibility of serious for any injury or resulting expense(s) a strives to provide the maximum in safetany accidents or injuries that may occur.	elated to ous injury, . I release		
Parent/Guardian Signatur	re		Date			
Please list any physical/p	sychological limitation	ns, injury, or weakn	ess that may affect the athlete:			
Any medicines athlete is	allergic to:			-		
Emergency Contact:			Phone			



