



2017 - 2018 Registration Form

Cheerleader Name _____ DOB ____/____/____
LAST FIRST

Age as of 8/31 _____

Address _____ City _____ State _____ Zip _____

Cheerleader School _____ Grade _____

Parent/Guardian _____ Relationship _____ Home # _____ Cell # _____

Work # _____ Email _____

Parent/Guardian _____ Relationship _____ Home # _____ Cell # _____

Work # _____ Email _____

Emergency Contact: _____ Relationship _____ Phone _____

Health Insurance Carrier: _____ Cardholder Name: _____

Policy Number/Group Number: _____ Health Carrier Phone Number _____

Pediatrician/Family Physician _____ Phone _____

Please list any existing or recurring injuries: _____

Please list current medical conditions, physical/psychological limitations or weaknesses that we should be aware of:

List ALL allergies, emergency precautions, emergency medications or current medications: _____

This is to certify that I, the undersigned parent/guardian do authorize Storm All Stars and its staff, coaches, volunteers, employees, and officers to seek treatment or medical care from any licensed physician, hospital, or medical clinic for our child. This authorization is valid only while the cheerleader is away from his/her legal address for the purpose of participation in Storm All Stars Cheerleading activities; and we do hereby waive, release, absolve, indemnify & agree to hold harmless Storm All Stars Cheerleading, its organizers, supervisors, participants, & persons transporting our child to & from those activities, for any claim arising out of any injury to our child. By permitting my child to participate in this program, (or by my participation) I understand the fact that participation in cheerleading involves a certain degree of risk of injury to participant. I agree to assume such risk, and hereby release Storm All Star Cheerleading, Inc, it's owners, employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of Storm All Stars Cheerleading. I also understand I am expected to carry accident and/or medical insurance on the above registered student and that such insurance is not provided by Storm All Stars. Storm All Star Cheerleading recommends a Doctor's physical for participation for your child's benefit.

As parent/guardian of the above athlete, I hereby certify that I have read and understand the foregoing rule and regulation of Storm All Star Cheerleading. I will also provide updates to any above information in a timely fashion.

Parent Print Name: _____

Parent Signature: _____

Date: _____

Witness Signature: _____

Date: _____



Participation Waiver

INFORMED CONSENT AND PARTICIPATION RELEASE

I/We, _____, parent(s) and/or guardian(s) of _____, who is a participant in the Storm All Star Cheerleading Program or participant in Storm All Star Gym Activities, are herewith allowing our son/daughter to participate in such activity, and give our consent for such participation by our son/daughter.

We understand that our son/daughter is required to be in good physical shape and condition and that the activities which he/she will be asked and expected to participate in are strenuous and require physical and athletic agility. It has been fully explained to us that these activities include, but are not necessarily limited to a variety of gymnastic routines, including somersaults, back handsprings, aerials and round-offs; that there will be a variety of mounts and stunts requiring the coordination of more than one participant on the squad; that these activities will not be confined to any one site or venue, but rather a variety of sites and places throughout practices and competitions.

It has also been explained to us that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son's/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. Our child's participation in this activity is purely voluntary and we elect their participation in spite of the risks. I/we also certify that we have adequate insurance to cover any injury or damage that our child may suffer while participating, or else I/we agree to bear the costs of such injury or damage ourselves.

We also understand that our son/daughter will be required to travel to locations for performances and competitions and that we, as parent and/or guardian, will be responsible for our child's transportation.

We represent to Storm All Stars Cheerleading that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity as described and explained to us.

We agree to this informed consent and by the signing of this Participation Agreement, voluntarily release, forever discharge and agree to indemnify and hold harmless the directors, owners, coaches, assistant coaches, trainers, and volunteers of Storm All Stars Cheerleading, from any and all claims of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in Storm All Stars Cheerleading.

Parental Consent: In witness where of, I/we have affixed our signatures to this Informed Consent and Participation Agreement

on this ____ day of _____, 2017 in the County of Hillsborough, State of Florida.

(Parent Name) (Date)

(Parent Signature) (Date)

(Witness Name)

(Witness Signature)



Financial Contract

All payments due on the 1st of each month. Payments received AFTER the 10th will result in a \$10.00 late fee, and will be automatically charged to your account. Failure to meet Payment Deadlines and lack of reasonable and fair communication regarding payments will result in your child's loss of services (sitting out of practice) and/or dismissal from the program. Please note, we reserve the right to replace the athlete if this happens.

Phone calls, emails and meetings regarding past due accounts are a courtesy. Fee schedules are supplied at the beginning of the season. It is your responsibility to make your payments on time and in full.

Your Cheerleader's Account must be at ZERO balance by the following dates during the current season, or will result in loss of services (sitting out of practice) and/or dismissal from the program:

August 31

November 30

January 31

February 28

Terms and Conditions:

1. Tuition does not fluctuate based on the number or duration of practices in any month.
2. Tuition pays for training. It does not pay for the right to perform.
3. All payment due dates must be met in order to participate in practice and competitions.
4. A \$10.00 late fee will be charged to your account after the 10th of the month.
5. An athlete's account must be current to participate in practices/competitions/special events.
6. Storm All Stars reserves the right to remove an athlete from their team at any time for failure to keep up with financial obligations.
7. Any monies received from fundraising or from an athlete/parent will be applied first to any overdue tuition/fees.
8. Your athlete has ONE account. If your cheerleader has separate parents/people that pay for her account, Storm All Stars will consider the total outstanding amount as due. We cannot interpret your 'half' as paid and the other half is outstanding because the other party did not pay. In this situation, the cheerleader's account will have an outstanding balance.
9. All tuition/fees must be current before an athlete may collect any clothing/uniform or other retail items.
10. If an athlete chooses to leave or if asked to leave Storm All Stars for any reason before the season is over, any and all funds are completely non-refundable.
11. Storm All Stars reserves the right to turn over all delinquent accounts to a collections agency and the parent/athlete will be responsible for all additional costs incurred.
12. All Fees are non-transferrable and non-refundable.
13. An athlete may NOT schedule/participate in private lessons if the athlete's cheer account is not current.

By signing below, I understand these rules and regulations, the payment and financial obligations, and fully agree to comply to all the above.

Parent signature

Date

Parent Signature

Date



Rules & Regulations Contract — page 1 of 2

PARENT COMMITMENT

By signing at the below, I/we agree to the following:

- All conversations in the parent viewing areas must be respectful and positive. Any rude comments could result in dismissal from the program.
- Only cheerleaders and coaches are allowed on the practice floor.
- The coaches reserve the right to close practices at any time for any reason.
- No athlete or parent may post inappropriate messages on FACEBOOK or any other social media about another program or individual.
- The STORM logo cannot be copied and printed on any individual apparel or other items. No exceptions.
- We reserve the right to dismiss your athlete from the program for any of the following reasons: inappropriate behavior, too many absences, a pattern of lateness, not showing to competition, or delinquent fees.
- No parent may ever reprimand or discipline someone else's child. We will handle any disciplinary problems privately and professionally.
- You agree to the Storm philosophy of team selection and also agree to show sportsmanlike conduct at all times, understand that coaches' decisions are final, and parent position in the gym is to provide a positive outlook for all children.

ABSENCES

Athletes are expected to attend every practice. Absences will be reviewed on an individual basis. Anything beyond 3 unexcused absences is highly frowned upon and may be grounds for dismissal from the program. Attendance will be kept throughout the season showing all absences and nature of absence. All summer absences due to other commitments/obligations or family visitation rights must be made known immediately.

EXCUSED absences include but not limited to:

- Death in the family
- School related function that reflects a grade
- A contagious illness with doctor's note

UNEXCUSED absences include but not limited to:

- Jobs
- Sickness, cramps
- Dances, birthday parties, concerts, etc
- School projects and homework
- High School Sports practices or events

Understand that your child's participation is a year-long commitment and you will help us instill the importance of this dedication and the importance of being an integral part of a team. **By signing below, I agree to cooperate in this manner.**

Parent name

Parent signature

Date



Rules & Regulations Contract — page 2 of 2

Storm All Star Teams will be selected based on age and skill level. There are so many different factors taken into consideration when choosing the best fit for each athlete. We will be looking at tumbling level, jumps, stunting ability, performance potential, attitude, maturity and age when selected our 2017-2018 competitive teams. Team selections will be posted on the Storm Website on June 2nd. During team selections the most common confusion from both parents/athletes relates to tumbling ability. Having a skill does not mean that you can land it 'occasionally'. To have mastered a skill, athlete must be able to perform it consistently with correct form, under pressure, on any given day. Also know tumbling is not the only factor that determines athlete's level. Because you have level 3 tumbling does not mean you will be placed on a level 3 team.

- Agree to Storm Team placements for the 2017-2018 Competition Season. You agree to the Storm philosophy of team selection and also agree to show sportsmanlike conduct at all times, understand that coaches' decisions are final, and parent position in the gym is to provide a positive outlook for all children.

GYM RIGHTS - Storm All Stars reserves the right to:

- Schedule additional practices and/or Close practices.
- Place cheerleaders on the team they feel best suits the cheerleader and the teams.
- Assign a role and position the cheerleader will be on their team.
- Request extra sessions before or after practice for certain groups.
- Suggest a cheerleader engage in extra classes or clinics to improve a skill.
- Replace, suspend, or remove a cheerleader from a team at any time based on attendance, attitude, skills, commitment, work ethic, belittling, or parent negativity.
- Make changes to teams by adding, rearranging or removing athletes to or from teams at ANY TIME WITHOUT NOTICE. These changes can be made based on talent level, attitude, lack of improvement, absences and/or tardies, lack of financial responsibility, and personality conflicts between athletes, coaches and parents.
- NO REFUNDS WILL BE GIVEN IF YOUR CHILD IS ASKED TO LEAVE OUR PROGRAM.

PHOTO RELEASE & ACCEPTANCE

- I, as parent/guardian, grant permission to the Storm All Star Cheerleading to use photographs/video of my child at the Storm All Star Gym, competitions, performances, or fundraisers for use in publications, Storm All Stars Cheer website or other electronic forms or media to promote The Storm All Star Cheerleading.
- I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Storm All Stars including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including, but not limited to any misuses, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that product, its publication or distribution. **I have read this release & by signing below, I acknowledge I fully understand the contents, meaning and impact.** I understand that I am free to address questions regarding this release by submitting those questions in writing. My failure to do so will be interpreted as a free/knowledgeable acceptance of the terms of this release.

Parent Name

Date

Parent signature

Date

