Fusion Elite All Stars
FEEL THE ELECTRICITY

NOVICE CHEER

NON-COMPETITIVE TEAMS

2-3 LOCAL PERFORMANCES
AGES 4-14 YEARS OLD

SEASON SCHEDULE

JANUARY- APRIL

No Experience Required
Everyone makes a team

FUSION KIDS CENTER

(831) 673-4599
fusiofusionkidscenter.com

Cost

New Athlete Start Fee **$275.00**
Due upon registration, includes:
Registration Fee
Uniform Tank
Uniform Shorts
Uniform Hair Accessory
Competition Fee

Returning Novice Start Fee **$175.00**
Due upon registration, includes:
Registration fee
Competition Fee
(We are using the same uniform/bow)

Monthly Tuition **$109.00**
(Due Monthly January - April, 2025)

Fusion Season Pass (optional) **$79.00**
(Due Monthly January - April, 2025)

Fundraising & Discounts

1) The Power Company Booster Club – A non-profit organization that puts on fundraisers several times per year. Depending on how involved parents and participants are, they can raise a large portion of their expenses.
2) Athletic Edge – Parents can earn money by working concession booths at concerts and sporting events. Interested parents should visit www.athleticedgeinc.com for information, and must sign up individually – we have a meeting at the beginning of the season to help you get signed up!
3) We offer 20% (off tuition only) discount for the second child, and 30% for the third+ child in a household.

Practices

TINY NOVICE – AGES 3-8
Monday/Wednesday 6:15pm-7:15pm

YOUTH/JUNIOR NOVICE – AGES 9-14
Tuesday/Thursday 7:15pm-8:45pm

Vacation Dates

Fusion will be closed for team practices and classes on the following days:
Competition Closures – Fusion may cancel practices for Novice while our full-year teams are traveling to out-of-state competitions. Check your team's Band Chat for more details.

Novice Team Registration Form

How did you hear about Fusion Elite?

Athlete's Name:_____ Birth Date:_____

Address:_____

City/State/Zip_____

Home Phone: (_____)_____ Athlete's Cell Phone: (_____)_____

Mother's Cell Phone: (_____)_____ Father's Cell Phone: (_____)_____

Parent/Legal Guardian Name(s):_____

Athlete Email (please print clearly):_____

Parent Email (please print clearly):_____

This must be a valid email! This is the email address we will use to send all financial correspondence!

Medical Release & Emergency Info

As the Parent/Guardian of _____, I request that in my absence the above-named participant be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine, or Doctors of Dentistry, or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and/or x-ray treatment of the above minor.

Any known allergies (including allergies to medications):_____

Physician Information

Family Physician:_____

Phone Number:_____

Parent Information

Name of parents/guardians:_____

Phone numbers (List all to call in case of emergency):

_____

Address:_____

City/State/Zip:

Emergency Contact Information

Person to Notify if parent is unavailable:

_____

Home Phone:_____

Work/Cell Phone:_____

Insurance Information

Insurance Carrier:_____

ID Number:_____

Group Number:_____

Parent/Guardian Signature: _____ Date:_____

Parent/Guardian Expectations

Acknowledgment of Financial and Participation Policies

By signing below, we acknowledge that we have **read and fully understand the Fusion Elite Registration Packet**, including the **time, financial, and behavioral commitments** required of both the athlete and parent/guardian. We recognize that by joining the Fusion Elite program, we are committing not only to our athlete's success, but also to the standards, staff, and team community.

Financial Policy Acknowledgment

We understand and agree to the following:

- **Monthly tuition is due on the 1st of each month** via automatic withdrawal from a valid VISA or MasterCard.
- A **$25 service fee** will be charged for each month that no valid card is on file.
- Fusion Kids Center **does not send monthly statements**. Parents/guardians have **24/7 access to account balances** through the Fusion Parent Portal.
- The **parent/guardian signing this agreement is fully responsible** for all financial obligations associated with the athlete's participation.
- If payment is not received by the **10th of the month**, a **$25 late fee** will be charged and the athlete will be **temporarily removed from practice** until the account is current.
- **Accounts 30+ days past due** will result in removal from the team and will incur **18% monthly interest** on the remaining balance until paid in full.
- Accounts that reach **90+ days past due** will be submitted to a **third-party collection agency** for enforcement.

Facility Expectations

- Parents are welcome to observe practice from the designated **parent viewing area** only.
- **Parents and non-participating children are not permitted** inside the gym space, on equipment, or on performance surfaces at any time.

General Program Policies

- **Travel & Accommodations:**

All transportation, lodging, and accommodations for competitions and events are **not included** in tuition or team fees and are the **sole responsibility of the parent/guardian**.

- **Communication Responsibility:**

Parents are responsible for staying informed by regularly checking **GroupMe messages, emails, flyers, and other informational materials** provided by Fusion Elite. It is important to remain up to date on schedules, event details, and gym announcements.

- **Activity Conflicts:**

If an athlete is involved in multiple extracurricular activities, it is the **parent's responsibility to ensure that Fusion Elite remains the priority commitment** during the season.

- **Team Placement & Participation:**

Fusion Elite reserves the right to **adjust athlete placement within routines or between teams** at any time, based on team needs and athlete performance.
Athletes may be **removed from routines or the program entirely** due to violations of the **attendance policy, behavior expectations, or failure to meet financial obligations**.

Athlete's Name:_____ Parent's Signature:_____

Release & Waiver Of Liability

In consideration of participating in the **Fusion Kids Center, Inc.** program, I affirm that I fully understand the nature of the activities involved. I certify that I am in good health, physically fit, and properly conditioned to safely participate in such activities. I acknowledge that if I believe any activity conditions are unsafe at any time, I will immediately discontinue participation.

I understand that participation in this program involves **inherent risks**, including but not limited to the risk of **serious bodily injury**, **permanent disability**, **paralysis**, and **death**, which may result from my own actions or inactions, the actions or inactions of others, the conditions of the premises or equipment, or the negligence of the "Releasees" named below. I also understand that there may be other risks not known or not reasonably foreseeable at this time. I willingly and voluntarily **accept and assume all such risks**, and I take full responsibility for any resulting loss, cost, or damage.

I hereby **release, waive, discharge, and covenant not to sue Fusion Kids Center, Inc.**, its owners, directors, officers, administrators, agents, volunteers, employees, other participants, sponsoring organizations, advertisers, and if applicable, the owners and lessors of the premises used to conduct the event (collectively referred to as the "**Releasees**"). This release covers all liability, claims, demands, losses, or damages caused or alleged to be caused, in whole or in part, by the negligence of the Releasees or otherwise, including negligent rescue operations.

If I, or anyone on my behalf, makes a claim against any of the Releasees, I agree to **indemnify and hold harmless** each of them from any resulting loss, liability, damage, or cost, including legal fees and expenses.

I have read this **Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement** carefully and understand that I am giving up substantial legal rights. I do so voluntarily and without any inducement. I intend for this release to be as broad and inclusive as permitted by applicable law, and if any portion of this agreement is held invalid, the remaining provisions shall remain in full force and effect.

Printed name of participant | Signature of participant | Date

Parental Consent

As the parent and/or legal guardian of the minor participant, I acknowledge that I have read and fully understand the above **Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**. I am aware of the nature of the activities offered by **Fusion Kids Center, Inc.**, and I believe that my child is qualified, in good health, and capable of participating safely.

I hereby **release, discharge, and covenant not to sue**, and I further **agree to indemnify, save, and hold harmless** all Releasees as defined above from any **liability, claims, demands, losses, or damages** incurred on behalf of the minor, whether caused in whole or in part by the **negligence of the Releasees or otherwise**, including negligent rescue operations.

Furthermore, suppose I, the minor, or anyone acting on behalf of the minor, files a claim against any of the Releasees. In that case, I agree to **indemnify and hold them harmless** from any resulting **litigation expenses, attorney fees, losses, liabilities, damages, or costs** that may arise from such a claim.

Printed Name of Parent/Legal Guardian | Signature of Parent/Legal Guardian | Date

Financial Contract & Payment Info

Phone: 831-673-4599 401 San Felipe Road, Hollister Suite G, CA 950203

Member Information

First Name:_____ MI:_____ Last Name:_____

Parent/Guardian Information (Financially Responsible Party)

First Name:_____ MI:_____ Last Name:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Email Address:_____ Mailing Address:_____

City:_____ State:_____Zip:_____ Employer:_____

Credit/Debit/ATM Card On File

I hereby authorize Fusion Elite, Inc. to charge my credit/debit/ATM card according to the schedule set forth in this registration packet. I have full access to my account, payment method and balance due via the Fusion Elite Parent Portal.

Visa Mastercard Discover AMEX

Account #:_____ Exp Date:_____ CVV (3 Digit Code):_____

Billing Address:_____ Billing Zip:_____

Cardholder Signature:_____

Please Complete for Monthly Payments:

Parent Initials	Athlete Type	
	Returning Novice Athlete	$275 Start Fee
	Payment Plan	
	Full season cost paid upon registration	$50 Discount!
	Monthly payments are due on the 1st of the month	$89 before Dec 31st $99 January $109 Feb-April
	Fusion Season Pass	
	Unlimited Fusion Season Pass Unlimited classes all season. No changes, cancellations or refunds. *Must commit to a season pass for the entire season upon registration to lock in the rate.* Promo rate not available after registration.	$69/month
	Discounts	
	2nd child in household	20% Tuition Discount
	3rd (or more) child in household	30% Tuition Discount