



New Athlete Start Fee

\$250.00

Due upon registration, includes:

Registration Fee Uniform Tank Uniform Shorts

Uniform Hair Accessory

Competition Fee

Returning Novice Start Fee

\$150.00

Due upon registration, includes:

Registration fee

Competition Fee

(We are using the same uniform/bow)

Monthly Tuition

\$99.00

(Due Monthly June 2024-December 2024)

Fusion Season Pass (optional) \$45.00

(Due Monthly June 2024-December 2024)

Fundraising & Discounts

- 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 3-6

Mondays & Thursdays 6:15-7:15pm

YOUTH/JUNIOR NOVICE - AGES 7-14

Tuesdays & Thursdays 7:15-8:45pm

Vacation Daftes

Fusion will be closed for team practices and classes on the following days:

4th of July - July 4, 2024

Labor Day Weekend – Aug 31-Sept 2, 2024

Halloween - October 31, 2024

Thanksgiving Break - Nov 27 - Dec 1, 2024

Competition Closures – Fusion may cancel practices for novice while our full year teams are traveling to out of state competitions – check your team GroupMe 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!			

Parent/Guardian Expectations

We have read the registration packet and understand the commitment we are making to the Fusion Elite program, staff and other team members.

I understand the following:

Payment is due on the 1st of each month by automatic withdrawal from a VISA/MC. There is a \$25 service fee during each month that there is no valid card on file.

Fusion does not send statements. Parents have 24/7 access to account information and balance on Fusion's parent portal.

It is the responsibility of the parent or other adult signing the contract to meet all financial requirements.

If payment has not posted by the 10th of the month, a \$25 late fee will be assessed, and the athlete will be removed from practice until payment is made. Accounts that reach 30 days past due will cause athlete to be removed from the team, and all balances will be assessed 18% interest monthly until paid in full. Delinquent accounts past 90 days will be sent to small claims court for enforcement.

Parents may view practices from the parent viewing area only. Parents and non-participating children are not allowed inside the gym or on any gym equipment or performing surfaces.

Transportation and accommodations while traveling to events and competitions are not included, and are the responsibility of the parents.

It is the parent's responsibility to read all GroupMes, flyers, emails and informational materials to stay up to date on gym events and news.

If an athlete participates in multiple activities, parents must ensure that Fusion Elite takes priority.

Fusion Elite reserves the right to move athletes within a routine or between teams at our sole discretion. Athletes may be removed from routines or from the program for failure to follow attendance policy, behavior policy or payment policies.

Athlete's Name:	Parent's Signature:
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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	Emergency Contact Information			
Family Physician:	Person to Notify if parent is unavailable:			
Phone Number:				
	Home Phone:			
Parent Information	Work/Cell Phone:			
Name of parents/guardians:	Insurance Information			
Phone numbers (List all to call in case of emergency):				
	Insurance Carrier:			
Address:	ID Number:			
City/State/Zip:	Group Number:			
Parent/Guardian Signature:	Date:			

Release & Waiver Of Liability

In consideration of participating in the Fusion Elite Program, 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 "releasees" 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 not to sue Fusion Kids Center, 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 further 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 that I have given up substantial rights by signing it and have signed it freely and without 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 Signature of participant Date

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 AND 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, or cost any Releasee may incur as the result of any such claim.

Financial Contract & Payment Info

Phone: 209-509-3642 401 San Felipe Road, Hollister Suite G, CA 950203

Member Information

<u>Member mormanon</u>							
First Name:		MI:	Last Name:_				
Parent/Guardian Information (Financially Responsible Party)							
First Name:		MI:	_ Last Name:				
Home Phone:	Cell I	Phone:		Work Phone:			
Email Address:			Mailing Address	:			
City:	State:	Zip:	Employ	/er:			
Please Complete for Monthly Payments:							
		-	TM Card On File				
I hereby authorize Fusion Kids Center. 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					nave full access		
Account #:			Exp Date:	CVV (3 Digit Code):			
Billing Address:			Bil	ling Zip:			
Cardholder S	ignature:						
Parent Initials		Athlete Ty	pe				
	Returning Novi	ice Athlete		\$150 Start Fee			
	New Novice A	thlete		\$250 Start Fee			
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Initials	Atniete type					
	Returning Novice Athlete	\$150 Start Fee				
	New Novice Athlete	\$250 Start Fee				
	<u>Payment Plan</u>					
	Full season cost paid upon registration	\$50 Discount!				
	Monthly payments according to schedule					
	<u>Fusion Season Pass</u>					
	Unlimited Fusion Season Pass Unlimited classes all season. No changes, cancellations or refunds. Must commit to season pass for entire season upon registration to lock in rate. Promo rate not available after registration.	\$45/month				
<u>Discounts</u>						
	2 nd child in household	20% Tuition Discount				
	3 rd (or more) child in household	30% Tuition Discount				