



SPIRIT ALL-STARS

"Training Connecticut's Finest Spirit Leaders In The Zone"

109 Sanford Street • Hamden, CT 06514 • (203) 281-ZONE • Fax (203) 281-FLIP

2016/2017 TEAM REGISTRATION FORM

Last Name _____ Home Phone # _____

Address _____ Town _____ Zip _____

1st Child _____ Grade _____ Cell Phone # _____

(First Name)

Age _____ D.O.B. _____ Email: _____ Team _____

Soc. Sec. #: _____ (in case of a medical emergency and a parent is not present at the time)

2nd Child _____ Grade _____ Cell Phone # _____

(First Name)

Age _____ D.O.B. _____ Email: _____ Team _____

Soc. Sec. #: _____

3rd Child _____ Grade _____ Cell Phone # _____

(First Name)

Age _____ D.O.B. _____ Email: _____ Team _____

Soc. Sec. #: _____

Mother's Email: _____ Father's Email: _____

Mother's Name _____ Occupation _____ Work# _____

Father's Name _____ Occupation _____ Work# _____

Mother's Cell/Pager# _____ Father's Cell/Pager# _____

In case of emergency, please call _____ Phone # _____

Credit Card No. (required) _____ Sec. Code _____ Exp. _____ Visa MC Amex

Check here if you want monthly tuition charged each month Check here if you want expenses charged each month

ALL-STAR FEES :

Fees billed include monthly tuition (automatically due by the 1st of every month), competition fees, choreography, make up, bows, annual team registration (\$50 individual, \$75 family), crossover fees, practice gear, sneakers, uniforms, warm ups, USASF Membership and administrative fees. Fees are due according to the schedule in our all-star handbook.

(see reverse side)

(For of ce use only) Birth Certificate Medical Code of Conduct

As a parent or guardian of the student, I hereby give permission for my child to participate in the Spirit All-Stars Program dba Spirit Zone LLC Cheerleading & Gymnastics Training Center. I understand that in any activity, such as cheerleading or tumbling, there is an inherent risk, in which minor, serious or catastrophic injuries or death can occur. I acknowledge and understand these risks involved for my daughter/son to participate in this activity and I assume those risks. I further agree to hold harmless, the Spirit Zone LLC and Connecticut Spirit Association, Inc., its affiliates, coaches, students, and all associated officers for any injury or sickness sustained as a result of my daughter's/son's participation in this activity.

You further acknowledge and agree that: (1) you are registering the participant for teams or classes and agree to make the payments as set forth in this agreement; (2) you and the student will faithfully comply with all rules and regulations of the association; (3) failure to complete or attend the classes does not relieve you of your obligation to pay the tuition in full; (4) a late payment fee of 10% will be charged against any payment not received within 5 days of its respective due date; (5) all expenses associated with collecting your past due balance owed to Spirit Zone will be assumed by you (ie. attorney fees, collection agency); (6) a \$35.00 fee will be assessed against all returned checks; (7) there is no refund of any payments after the first practice has started; (8) there is no refund of ANY fees paid in advance unless documented by a physician that the athlete can no longer participate in the program; (9) ALL fees are NON-REFUNDABLE; (10) the association may use my and/or the student's name, picture or likeness in any advertisement or promotion for the association in any form.

The Spirit Zone LLC suggests that all participants in our programs have a physical exam or a discussion with their physician prior to physical activity. Please advise us in writing if the participant suffers from allergies, asthma or any ailments, which may impair their ability, otherwise you are representing to us that the participant is physically fit to participate in our programs. In the event that you cannot be reached in an emergency, you hereby give permission to your family physician, any local physician, or hospital and to the Spirit Zone LLC to administer emergency treatment to your child.

SPIRIT ALL-STAR POLICIES

- Team Fees are nonrefundable unless participation has ceased due to a medical concern. Only after receiving a doctor's note will fees be refunded.
- Fees are based on the athlete's team placement over an 12 month period and are to be paid on the 1st of every month. Payments not received by the 5th of the month will automatically be billed to your credit card.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Referred or recruited by: _____

Signature of the parent who referred you: _____

How did you hear about us? Internet Email Newspaper Flyer Mailer Phonebook Friend Other _____

| MEDICAL INFORMATION | |
|---|----------------------------|
| Physician _____ | Phone No. _____ |
| Address _____ | State _____ Zip Code _____ |
| Primary Medical Insurance Carrier _____ | |
| Name of Insured (Parent/Guardian) _____ | |
| Policy # _____ | Group # _____ |
| Ins. Co. Address _____ | Phone No. _____ |
| Hospital Preference _____ | City _____ |