

CYCLONES ELITE ALLSTARS CHEER PROGRAM

2017-2018 Season

Cyclones Elite All-Stars Evaluation Packet

Thank you for your time and interest in the Cyclones All Star Program.

Our Mission Statement is: Cyclones Elite Allstars aims to condition the youth in our community through teaching them determination of the mind, safely strengthening the body, and spiritually enriching the soul, all with using the heart that bleeds Cyclones Purplel

Every child is important to usl If I Am Interested in Cyclones What Do I Do now? Each All Star Parent will need to read the following pages, make a copy of their child's birth certificate and turn them in on Tuesday, June $6^{\rm th}$. If you have any questions or concerns please feel free to contact the director:

Megan Barrett: CEAllstarsl@gmail.com 678-643-8734

2017-2018 Pricing

Payments will be due by the 15th of each month through automatic draft.

If you choose to pay by check or cash payments must be received 7 days before the due date. The All-Star fee will be divided by II months June '17- May '18. Any unpaid fees at the End of May will be turned over to our collection agency.

Unlike many other gyms we offer payment plans for our families! Below is the breakdown of payment options and we ask that you choose which payment option you will be using by the date of try-outs.

Full Amount for 2015-2016 Season: \$2,500

Paid in Full 10% Discount	\$2,250	Due July 16, 2017
4 Payments	\$625.00	Due July 16 August 15 October 15 December 15
Monthly II Payments	300.00 - deposit 227.00 × II months	Due Deposit due 7/16/17 Monthly payments due the 15 th of every month (July '17- May '18)

^{**10%} OFF for all siblings!**

FUNDRAISERS

We have fundraisers available to those who are in financial need. Each year only 8-12% of families take advantage of gym sponsored fundraisers. It is possible to pay for an **ENTIRE** season on the fundraisers we offer. If you choose to do fundraisers the money made from the fundraiser will be taken off the back end of your monthly payments. If needed, please take advantage of these fundraisers so your child can participate.

Fundraisers this year!

- Sponsor Letters
- Domino Pizza Cards
- Bed Sheet Fundraiser
- Krispy Kreme Fundraiser
- Yankee Candle Fundraiser
- Little Caesars Pizza Kits
- And more!

Fundraisers can be very beneficial to each cheerleader's individual tuition! In the past we have had athletes pay for their entire season with these offerings.

Team Rep Form

Cheerleader Name:		
Grade 16-17:	School:	
Mothers Name:		
Fathers Name:		
Phone Number: (Mother)		(Father)
Parent Email (s) :		
Emergency Contact (Name	& Number):	
0		
Billing Address	14	
Address:		
City:	State:	Zip:
Insurance Information		
Provider:		Policy #:
Carriers Phone:		Group #:

Tuition/ Fee Information: Please understand that Cyclones Elite Allstars competition squad is an 11 month commitment. By signing below, you are indicating that you and your cheerleader understand the following commitments required of all member of the CEA:

- Cheerleader making all scheduled practices
- Being an advocate and supportive parent/team member
- Being respectful of coaches and other team members
- Commitment to ENTIRE CEA 2015-2016 season June 2017 –May 2018

Note: If at any point of the season your child leaves or is dismissed from the squad, you will be responsible for all account payment/fees agreed upon for the entire season. In the event of medical and/or family emergencies that result in the breach of contract, a prorated fee will be due. This prorated amount is at the sole discretion of the coaches. There will be no refunds made to anyone who is asked to leave the program or that quits a team. Failure of remaining payments not being made will be sent to a collection agency.

Payment Plan (Please Circle) 1. PIF 2.	\$625 x 4 3. \$30	0.00 + \$227.00 x11
Cheerleader's Name:		
Name as it appears on the card:		1
Billing Address:		
Type of Card:		
Credit Card Number:		
Expiration Date:CVC code on ba	ck of card:	
Card Holder's Signature:		Date:
Routing #	Account #	
	and a	

Financial Commitment

I have read the Tuition/Fee Information and fully understand my commitment to The Cyclones Elite Allstars outlined in this Packet. I understand that my commitment is for the 2017-2018 competitive season. I understand that I am giving my credit card/debit card and/or account information and that information will be used if I do not meet payment deadlines to The Cyclones Elite Allstars. I understand that I will forfeit any monies paid if I choose to leave a team or am asked to leave the program. I understand that I am entering into this program of my own free will.

Parent Signature	Date

CEA & Cheer Your Heart Out GA, LLC

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Cyclones Elite Allstars, The Cobb Cyclones and Cheer Your Heart Out GA, LLC its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CEA"), I hereby agree to release, discharge, and hold harmless CEA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of CEA pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks: Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.
- 2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with CEA related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify CEA from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in CEA-related activities.
- 4. Should CEA be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
- 5. I certify that my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.
 - 6. In the event that I file a lawsuit against CEA, I agree to do so solely in the State of Georgia and I further agree that the substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.
- 7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against CEA on the basis of any claim from which I have released CEA by signing this Agreement. I have had sufficient opportunity to read this entire document. I have read it and understand it. I agree to be bound by its terms.

Signature of Participant or parent:	Print Name:	Date:
PARENTS OR GUARDIAN'S ADDITIONAL I	NDENIFICATION (Must be con	mpleted for participants under the
age of 18) In consideration of	_(print minor's name) ("Minor") being permitted by CEA to
participate in its activities and to use its equipment	t and facilities, I further agree to	indemnify and hold CEA from
any and all claims which are brought by, or on bel	nalf of Minor and which are in an	y way connected with such use or
participation by Minor.		

Parent/Guardian:	Print Name:	Date:

