

ULTIMATE CHEER LUBBOCK REGISTRATION & RELEASE FORM

ATHLETE INFORMATION

Athlete Name: _____

Age: _____ Birthday: _____ Gender: M F Phone: _____

T-SHIRT SIZE: _____ SPANDEX/PANTS SIZE: _____ (Please specify youth or adult.)

Medical Conditions: Please list any and all physical disabilities, chronic ailments, psychological disabilities, and allergies for athlete: _____

FAMILY INFORMATION

1st Contact Name: _____ Cell Phone: _____

Email (Required): _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

2nd Contact Name: _____ Cell Phone: _____

Email: _____

How did you hear about us? (Circle one) Facebook/Website Walk-In Referral _____

EMERGENCY CONTACT INFORMATION (OTHER THAN ABOVE)

Name: _____ Home Phone: _____

Relationship to Athlete: _____ Cell Phone: _____

I fully understand that Ultimate Cheer Lubbock, LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Ultimate staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Ultimate staff to seek medical help, including transportation by an Ultimate staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Ultimate staff deem this to be necessary. We also authorize the physician and/or hospital to perform treatment to any illness or injury to my/our child. I/We authorize payment for treatment, either personally or through our family health Insurance Provider.

We, the staff of Ultimate, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sort of gymnastics, tumbling, cheerleading, dance, and all other activities. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, cheerleading, dance, and all other activities affiliated with Ultimate can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and all Ultimate staffs' instructions.

Ultimate, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, dance instruction, or open workouts or in the case of any exhibition, competition, special event, open gym, or camp/clinic in which he or she may participate in or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Ultimate. I, my executors, or other representatives, waive and release all rights and claims for damages that I, or my child may have against Ultimate, and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents'/guardians' responsibility to warn the child about the dangers of gymnastics, tumbling, cheerleading, dance, and all other activities associated with Ultimate and the potential for injury. The parents should warn the child(ren) according to what the parent feels appropriate. Ultimate will only warn the child through "Safety Rules" and our coaching style and progressions.

Parent/Guardian Signature: _____ Date: _____

~~~~~**CHECKLIST (OFFICE USE ONLY)**~~~~~

_____ Commitment Fee (\$50) _____ Proof of USASF Membership _____ Car Sticker Received

Ultimate Athlete Information Sheet

Athlete Name: _____ ATHLETE BIRTHDAY: _____

I am trying out for a Novice Team: _____YES

I am trying out for a Prep Team and will accept a spot on level: 1.1 2.1 2.2 3.1 3.2 ANY

I am trying out for an Elite Team and will accept a spot on level: 1 2 3 4 5 ANY

I would consider being a cross-over athlete (competing on 2 Prep teams or 2 Elite teams): YES NO

T-SHIRT SIZE: _____ (Please specify Youth or Adult. This size will be used to order Nationals Shirts!)

Extracurricular activities may impact your team placement. Will you be involved in any other school or extracurricular activities? Please list.

Payment Schedule (Circle One): **AVERAGE MONTHLY** - June Tuition Due 06/06/20; June Fees Due 06/15/20

FEES ONLY IN FULL (5% Monthly Tuition Discount) - Paid by 06/06/20

YEAR IN FULL (10% Tuition Discount) - Paid by 06/15/2020

PARENT CHECK LIST FOR TEAM PLACEMENT:

All forms must be completed and returned along with your COMMITMENT FEE & COPY OF BIRTH CERTIFICATE in order to be placed on a team.

Commitment Fee _____

Financial Contract_____

Registration/Release Form _____

Credit/Debit Auto-Draft Form _____

Proof of USASF Membership_____

Pain Relief Consent_____

I have read the information packet and understand that while competitive cheerleading is an exciting and rewarding activity, it also requires a significant time and financial commitment. I have read and understand the Program Details, Athlete Placement Information, Team Alternate Requirements, Team Practice Rules, Attendance Policy, Sick Policy, Code of Conduct, Financial Information, and Level Requirements. I will fulfill these commitments throughout the 2020-2021 season. Knowing these policies, I give my child permission to join an Ultimate competitive cheerleading team.

Parent Signature _____ Date _____

Parent + Athlete Agreement/Acknowledgement

Ultimate Cheer Lubbock is a well-respected organization with guidelines and policies which benefit everyone. Please indicate your acknowledgement and understanding of each other the following policies that govern our organization by initialing each line.

Parent Name: _____

Athlete Name: _____

I have read and understand the team placement information.

Parent Initial _____

Athlete Initial _____

I have read and understand the program tuition, fees, and expenses.

Parent Initial _____

Athlete Initial _____

I have read and understand the scheduled holidays, attendance, and sick policy.

Parent Initial _____

Athlete Initial _____

I have read and understand the team practice rules, code of conduct, and miscellaneous information.

Parent Initial _____

Athlete Initial _____

I have read and understand the team requirements and team alternate requirements.

Parent Initial _____

Athlete Initial _____

Athlete Absence Notification

Please use the spaces below to inform Ultimate Cheer Lubbock of any currently known conflicts with scheduled events, practice days, and scheduled summer camps and vacation plans.

Please be specific with the dates and reasons:

Date Absent _____ Reason _____

Date Absent _____ Reason _____

Date Absent _____ Reason _____

Date Absent _____ Reason _____

Date Absent _____ Reason _____

Financial Agreement

Option 1- AVERAGE MONTHLY BILLING	Prep	Elite
	\$50.00	\$50.00
	\$105.00	\$150.00
	\$105.00	\$150.00
Option 2- FEES IN FULL PAYMENT (5% Discount on Monthly Tuition)	Prep	Elite
	\$50.00	\$50.00
	\$99.75	\$142.50
	\$1260.00	\$1800.00
Option 3- YEAR IN FULL PAYMENT (10% Discount on Tuition in full payment)	Prep	Elite
	\$50.00	\$50.00
	\$1134.00	\$1620.00
	\$1260.00	\$1800.00

Office Use Only:

Commitment Fee, Date Paid: _____ Payment Type: _____

Option 2 (Fees), Date Paid: _____ Payment Type: _____

Option 3 (Year), Date Paid: _____ Payment Type: _____

ULTIMATE CHEER LUBBOCK AUTOMATIC DRAFT AUTHORIZATION FORM

It's convenient, fast, and it's safe! All Novice, Prep, and Elite athletes must be on Automatic Bank Draft.

To get started, please complete the information below:

BANK NAME: _____

BANK ROUTING NUMBER (9 DIGITS): ____ _

BANK ACCOUNT NUMBER: _____

ACCOUNT TYPE (circle one): CHECKING BUSINESS CHECKING SAVINGS

I hereby authorize Ultimate Cheer Lubbock, LLC to draft each month for my child(ren)'s tuition and fees. I understand that this draft will remain in effect through June 6, 2020—May 31, 2021.
_____ (initial)

I understand that any miscellaneous unpaid charges accrued each month, including but not limited to merchandise and/or Open Gym Fees, will be drafted along with monthly tuition on my scheduled draft date. _____ (initial)

I understand that I must notify Ultimate Cheer immediately of any changes that affect the automatic draft of tuition, including but not limited to a new account number, new routing number, and any new bank information. _____ (initial)

I understand that if I am dropped from Ultimate Cheer for non-payment, my account will continue to be charged on my auto-draft date until payment is received. _____ (initial)

I understand that my account will be charged for a Yearly Registration Fee upon initial enrollment and each subsequent year on my enrollment date anniversary. _____ (initial)

I understand that any draft that is declined is subject to a \$30 service charge from Ultimate Cheer. _____ (initial)

Signature: _____ Date: _____

Financial Agreement

I understand all payments for Ultimate Cheer Lubbock must be processed by automatic draft on the dates listed. There will be an additional \$20 charge per month for any deviation from the listed schedule. _____ (initial)

I understand a \$50 Commitment Fee must be paid before my athlete will be placed on a team. _____ (initial)

I understand if my automatic draft is declined for any reason, I will be charged a \$30 Declined Draft Fee which will be due immediately in addition to the outstanding balance on my account. I understand it is my responsibility to update my automatic draft information should it change for any reason including new bank, new account, etc. _____ (initial)

After my athlete's 3rd absence, I understand an absence fine (Novice & Prep \$25; Elite \$50) will be processed by automatic draft for the next 2 absences, and following the 5th absence, my athlete will be removed from the routine and serve as an alternate for the remainder of the season. A \$50 absence fine will be processed by automatic draft for any absence the weekend or week prior to a performance. _____ (initial)

If my athlete does not fulfill their commitment to Ultimate Cheer Lubbock for any reason other than a season ending injury with a doctor's note or relocation more than 50 miles with approved documentation, I understand a \$150 drop fee plus all remaining fee payments will be processed in full by automatic draft on the athlete's drop date. _____ (initial)

I understand no refunds will be given for any monies paid into the program. I also understand if my athlete quits before receiving any Ultimate Cheer Lubbock merchandise or uniforms, they become the property of Ultimate Cheer Lubbock, LLC, and I will not receive a refund. _____ (initial)

Athlete Name _____

Parent Name _____

Parent Signature _____ Date _____

Pain Reliever Consent

ULTIMATE CHEER LUBBOCK, LLC will not provide Tylenol, Ibuprofen or Aleve to any athlete without written permission and consent from a parent or guardian.

Please indicate your preference by checking the appropriate option along with your signature.

_____ NO, I do not want medication provided to my child.

_____ YES, my child may be provided any of the medication listed above.

_____ YES, my child may be provided and administered medicine only from the following list:

1. _____

2. _____

3. _____

Parents Signature: _____ Date _____

Athletes Name: _____