All-Star Information for 2020-21

Location:
Team/Level:
Coach Initials:

Middle N	lame	Last Name _	Last Name		
			of 8/31/2020	<u></u>	
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	<u>E</u> r	mployer			
	City	State	Zip Code	ž	
ess					
			Zip Code	<u> </u>	
SS					
Home	: #	Wor	K#		
		Phone #			
	r Alternate Phone #				
Policy#					
Daily Medicines					
Phone					
**	CIRCLE YOUF	SIZES**			
		YA		A A	
5 1	/I L	X S	M	L X	
	DO_School Attends	DOBSchool Attends		cheerleading team YES or NO School competition team All-star resides with	

Please notify Pro Cheer should you have any changes to the above information.

Parent's Authorization for Medical Treatment				
I hereby grant permission to the hospital staff and/or Pro Cheer staff to administer immediate medical treatment to my child should he/she be injured.				
	Date	Parent Signature		

2020-21 Pro Cheer Participant Agreement, Liability Release, and Assumption of Risk

In consideration of the services of Pro Cheer, Inc., its' agents, owners, officers, employees, parent volunteers, and all other persons or entities acting in any capacity on its' behalf (hereinafter collectively referred to as "Pro Cheer"), I hereby agree to release and discharge Pro Cheer, & Pro Tumble Cheer and Dance LLC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

- 1. I understand and acknowledge that the activity I am/my child is about to engage in poses known risks and unanticipated 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: Gymnastics and cheerleading entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics and cheerleading students would not improve their skills, and the enjoyment of the sport would be diminished. Gymnastics and cheerleading expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. In addition, traveling to and from competitions, meets, and exhibitions raises the possibility of any manner of transportation accidents. I hereby agree and acknowledge that if in any event I am/my child is injured, he/she may require medical assistance at my own expense.
- I agree to accept and assume all of the risks existing in this activity. My child's participation in this activity is voluntary, no one is forcing my child to participate, and we elect to participate in spite of the risks.
- I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Pro Cheer 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/my child's participation in this activity.
- Should Pro Cheer, or anyone acting on its behalf, be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
- I certify that my child has health, accident, and liability insurance to cover any 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 the risk of any medical or physical condition I/my child may have or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- Each cheerleader must be physically able to participate in long periods of vigorous activity without undue fatigue and pain. Cheerleading involves serious inherent safety/health risks, mostly due to stunting and tumbling. All safety guidelines must be followed to insure the utmost safety of all participants. Cheerleaders must be attentive and focused while engaged in cheerleading activities.
- 7. In the event that I file a lawsuit against Pro Cheer, & Pro Tumble Cheer and Dance LLC, , I agree to do so solely in the State of Georgia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my/my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Pro Cheer on the basis of any claim from which I have herein released it.

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2019–20 Pro Cheer Financial Agreement Booster Account

All booster fees will be billed at the beginning of the season. Booster payments are due by the 15^{th} of each month beginning in July and ending in January. Those families with multiple all-stars will pay the multiple all-star booster rate.

Please make sure to make all scheduled payments by the appropriate date to prevent late fees from being added to your account balance. If you wish to make additional payments above the regular monthly amount, you are welcome to do so.

We have provided below, two payment options to select from. Please mark the option indicating how you will make your all-star booster payments. You will need to complete the appropriate form for your option selected. Any further questions feel to contact Angie Redmon at angie@goprocheer.com.

#1 Monthly booster payment will be drafted month.	through ACH from my account on the 15^{th} of each
	n FULL. This is estimated only and you will be e last two months of scheduled payments.
Estimated Amount:	
All-Star Name	Team/Level
Parent Signature	Date

2020-21 Pro Cheer - ACH Draft Form

All-Star Name	All-Star NameTeam/Level					
Gym Location:			P	Monthly Fee	:	
	For	1 st Training Fe	ee Payment	t (July-Apri	il)	
	For	For 15 th Booster Fee Payment (July-Jan)				
	PAI	PAID IN FULL				
I authorize the above follows:	named Originating Co	ompany to initia	ate entries to	the accour	nt indicated belo	w as
I owe, accordin and I have agre	te CREDIT entries to r	other condition	ns to which th	ne Originating	g Company	
Name(s):		(Please Print)				
Account Number:		,				
Name of Depository Fi	nancial Institution:					
Location of Depository	Financial Institution:					
City			State _	Zip) <u> </u>	
Please enter you	r bank's routing and t	ransit number h	nere, or stapl	le a VOIDED	CHECK below*.	
		(Nine d	 ligits)			
This authority is to rentermination and has ha		_		itten notifica	ation of its	
Signed:				Date:		

*DO NOT USE A DEPOSIT SLIP! Many banks print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing and transit number will prevent your transaction from being directed to the correct bank, resulting in delays in the posting of your payment.