

Front Desk Checklist

- ___ Liability Release Waiver
- ___ \$250 Tryout Fee
- ___ ACH Draft Info Sheet
- ___ Handbook Agreement Form

ALL-STAR INFORMATION FOR 2017-2018 SEASON

Gym Location: Hoschton

Athlete:

First Name _____ Middle Name _____ Last Name _____

Nickname _____ DOB _____

Current Age (as of 8/31/2017) _____ Grade _____

School _____

Are you on a school cheerleading team? _____

Are you on a school competition team? _____

Allstar Cell Phone # _____

Allstar resides with _____

Parents:

Mother _____ Employment _____

Address _____

City _____ State _____ Zip Code _____

Mother's Email Address _____

Cell # _____ Home # _____ Work # _____

Father _____ Employment _____

Address _____

City _____ State _____ Zip Code _____

Father's Email Address _____

Cell # _____ Home # _____ Work # _____

Emergency Contact:

Name _____ Phone # _____

Relationship to Allstar _____ Alternate Phone # _____

Insurance:

Company _____ Policy # _____

Policy Holder _____ Company Phone # _____

SS# of Policy Holder _____ Policy Holder DOB _____

Address _____

My child does not have health insurance

Medical:

Allergies _____ Daily Medicines _____

MD Name _____ Phone _____

Hospital Preference _____

Sizes

****CIRCLE YOUR SIZES****

T-SHIRT SIZE	YS	YM	YL	YXL	AS	AM	AL	AXL
--------------	----	----	----	-----	----	----	----	-----

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

Turn this page in with paperwork.

AGREEMENT, LIABILITY, AND RELEASE FORMS 2017-2018

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, 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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, 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.

I have had sufficient opportunity to read the entire package. I have read and understood it, and I agree to be bound by its terms.

Parent Initials: _____

Allstar Name _____

Signature of Allstar if over 18 _____

Parent Signature _____ Date _____

Turn this page in with paperwork.

**2017-2018 PRO CHEER FINANCIAL AGREEMENT MONTHLY TRAINING
AND BOOSTER ACCOUNT**

All monthly tuition fees will be billed and drafted on the 1st of each month. May is pro-rated for ½ month and is included in your tryout fee.

All booster fees will be billed at the beginning of the season. Booster drafts will be on the 15th of each month beginning June 15th and ending November 15th.

Pro Cheer does not give refunds. Please understand the time and financial commitment. There will be a \$35 NSF added to any drafts returned by the bank.

Please submit a voided check with your ACH draft form.



Below we have provided two payment options to select from. Please mark the option indicating how you will make your all-star booster payments and training fees. You will need to complete the appropriate form for your option.

#1

Monthly tuition fees will be drafted through ACH from my account on the 1st of each month. Booster fees will be drafted through ACH from my account on the 15th of each month.

#2

Monthly tuition fees are paid in full in the amount of: \$1,540.00 Check # _____

2 athlete families pay in full in the amount of: \$2,475.00

3 or more athlete families pay in full in the amount of: \$3,025.00

Booster fees are paid in full in the amount of: \$1,140.00 Check # _____

2 athlete families pay in the full amount of: \$2,280.00

3 athlete families pay in full in the amount of: \$3,420.00

Allstar Name _____

Parent Signature _____ Date _____

Witness Signature _____ Date _____

Turn this page in with paperwork.

PRO CHEER ALL-STAR 2017-2018 ACH DEBITS

I authorize the above-named Originating Company to initiate entries to the account indicated below as follows:

- 1) They may initiate DEBIT entries, which removes money from my account, for payments I owe, according to the schedule and other conditions to which the Originating Company and I have agreed.
- 2) They may initiate CREDIT entries to reverse any transactions they have originated to my account in error.

Name(s): _____
(Please print)

Account Number: _____

Name of Depository Financial Institution: _____

Location of Depository Financial Institution: _____

City: _____ State: _____ Zip: _____

Please enter your bank's routing and transit numbers here, and staple a VOIDED CHECK below*

--	--	--	--	--	--	--	--	--

 (Nine digits)

This authority is to remain in effect until the Originating Company has received written notification of its termination and has had a reasonable opportunity to act upon it.

Signed: _____ Date: _____

Allstar Name _____

Monthly Training Fee x11: _____

Monthly Booster Fee x6: _____

***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.

Turn this page in with paperwork.