



# Cheer Signup Packet

## Family Information

Athlete				
Full Name:		Gender:		
Age on August 31, 2017:		DOB:		
School/ Grade:				
Years of cheer experience:	none	1-2	3-5	6+

Parent/Guardian
Full Name:
Email:
Phone Number:
Home address:

Emergency Contact	
Full Name:	Relationship:
Email:	
Phone Number:	
Home address:	



## Medical & Liability Release Form

Athlete Name (Print): \_\_\_\_\_

- As a parent or legal guardian of the above athlete, I authorize my son/daughter to participate in the sport of All Star cheerleading at Gila Cheer.
- I authorize a representative of the Gila Cheer staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.
- I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.
- Tyler Bronzell, Coaches, Staff, and Volunteers shall not be responsible for any injury incurred as a result of my son's/daughter's participation in the Gila Cheer program.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Confidential Medical Information

Insurance Provider:	Policy #:
Doctors Name:	Doctors Phone:
List pertinent medical information applicable to: Allergies, nervous disorders, heart trouble, diabetes, epilepsy etc.	
Indicate any medication the athlete is currently taking:	



## Payment Plan

I, \_\_\_\_\_, Parent/guardian of \_\_\_\_\_ have read the Gila Cheer 2017 - 2018 Handbook in its entirety. I understand the rules and policies described in the packet and I agree to abide by these rules and regulations for the 2017 - 2018 cheer season. I have also reviewed the rules and regulations with my cheer athlete, and she/he understands them and will abide by them as well.

Below you will find the financial schedule for the 2017 - 2018 season. The sibling discount is \$35 per month for non-prep teams, and \$25 per months for prep teams. We will offer three different types of payment plans for the convenience of our customers.

### Payment Plan 1:

Description	Non Prep	Prep Team	Due Date
Insurance Fee	\$30	\$30	Due at signup
Registration Fee	\$290	\$275	August 1, 2016
Tuition (August)	\$85	\$65	August 1, 2016
Tuition (September)	\$85	\$65	September 1, 2016
Tuition (October)	\$85	\$65	October 1, 2016
Tuition (November)	\$85	\$65	November 1, 2016
Tuition (December)	\$85	\$65	December 1, 2016
Tuition (January)	\$85	\$65	January 1, 2017
Tuition (February)	\$85	\$65	February 1, 2017
Tuition (March)	\$85	\$65	March 1, 2017
Tuition (April)	\$85	\$65	April 1, 2017
<b>Total</b>	<b>\$1085</b>	<b>\$890</b>	

### Payment Plan 2:

The entire tuition for the season will be divided into nine monthly payments. This includes all uniform fees and competition fees if it is a prep team.

### Payment Plan 3:

There is a 8% discount for families who wish to pay upfront. For prep teams, no other payments will be required. Non prep teams must still fundraise for competition fees.

Please circle which payment plan you would like to use:

Payment Plan 1

Payment Plan 2

Payment Plan 3



## Financial Agreement

All tuition payments are due on the first of each month from August 2017 - April 2018. Payments not received by the 5th of the month will be automatically billed with the account on file. If a payment is not received by the 10th of the month, the athlete will be asked to sit out until an up to date payment is made. If you have any questions regarding your account, please email Tyler at [gilacheer@gmail.com](mailto:gilacheer@gmail.com). Note the above expenses do not include travel and lodging to out of town competitions. Understand that the monthly tuition is not dependent on a certain number of practices or hours in the gym. Extra practices may be called or certain practices may be cancelled at the coach's discretion. For non-prep teams, tuition does not include competition fees and we will host fundraising activities to cover competition expenses. Parent involvement is important to ensure their athlete(s) raise enough money to compete. All fundraisers will be scheduled throughout the year. If an athlete does not raise enough money for competition fees, the parent must pay the difference. We will work with families to ensure every athlete does raise enough money for competition, but parents will have the option pay the competition fees if they chose not to fundraise.

**Refunds:** If an athlete chooses to quit a team anytime during the season, they will not receive a refund of any kind. There is a termination fee of \$65 that we will bill to the account on file.

**Commitment:** I understand this is an 9 MONTH commitment I am making (August 2017-April 2018). I understand that I may have to participate or donate for fundraising activities and events.

**I have read and understand the Financial Commitment I am making for the 2017-2018 season. I accept the fee schedule for the entire season. I understand that I am responsible for the fees as listed and acknowledge that I am responsible for any changes in banking information should there be a change.**

Athlete Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Credit Card Authorization

(If you prefer to use a debit card, please leave this blank and complete bank authorization form on the next page)

Parent/Guardian: \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_

A credit or debit card is required as a back up for tuition payments. Return payments are assessed \$25 or the bank's fee.

### Credit Card:

Visa

MasterCard

American Express

Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Name on Account \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I accept the fee schedule for the entire season. I understand that I am responsible for the fees as listed and acknowledge that I am responsible for any changes in banking information should there be a change.

I understand and accept that all tuition and fees paid are not refundable. I understand the fee structure as outlined above should a payment be returned.

Signature of Cardholder \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_



## Bank Draft Authorization

Parent/Guardian: \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_

A credit or debit card is required as a back up for tuition payments. Return payments are assessed \$25 or the bank's fee.

### Credit Card:

Checking  Savings

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I accept the fee schedule for the entire season. I understand that I am responsible for the fees as listed and acknowledge that I am responsible for any changes in banking information should there be a change.

I understand and accept that all tuition and fees paid are not refundable. I understand the fee structure as outlined above should a payment be returned.

Signature of Account holder \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_



## Photo Release Form

The legal guardian, \_\_\_\_\_(print), of  
\_\_\_\_\_ (print), hereby authorize Gila Cheer,  
permission to photograph and/or use my child's likeness in a photograph in any or all  
printed or digital publications. I understand and agree that any photograph using my  
child's likeness will henceforth be property of Gila Cheer and may not be returned.

I understand that my own involvement and my child's participation with Gila Cheer is  
voluntary, and that neither my child or myself will receive financial compensation for  
photos taken or used by Gila Cheer.

I hereby give irrevocable authorization to Gila Cheer to edit, alter, store, exhibit,  
publish, or distribute photos of my child for the purposes of publicizing Gila Cheer's  
cheerleading program or for any other purpose within lawful bounds (Social Media,  
Brochures, Gila Cheer Websites). In addition, I waive the right to inspect or approve  
of publications, physical or digital, that contain my child's likeness.

Upon signing this form, I hold harmless and release and forever discharge Gila Cheer  
from all claims, demands, any causes of action which I, legal counsel, any heirs,  
representatives, executors, administrators, or any other person(s) acting on behalf of  
myself or my child or any other individual who may express interest in nullifying this  
document in any way.

I have completely read and understand each statement made in this legal form. I am  
aware of the contents, overarching meaning, and impact of such a release.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_