

**CARTERSVILLE
STINGRAY ALLSTAR PREP 2016-2017 REGISTRATION PACKET**

Allstar Prep Program:

Congratulations on choosing to become a part of the biggest and most successful Allstar gym in the country! We are delighted to have you here.

Our Allstar Prep Program is designed to offer competitive Allstar cheer to athletes that are new to cheerleading or who may be unable to commit to our full year program. Allstar Prep can be a perfect stepping stone for an athlete that wishes to become a part of The Stingray Allstars full year program. It also offers a competitive team for those that only wish to compete for a partial season.

This season we are offering two ways to register:

REGISTRATION (PLEASE PRINT FORMS FROM OUR WEBSITE): You are required to turn in the Financial Commitment/Credit Card Info page, Tryout Form, Participant Information Form, Participant Agreement Form and your first payment of \$185.00. You will sign up for an assessment date at this time also. ***NO INCOMPLETE PACKETS WILL BE ACCEPTED.***

*****If you did not turn in a birth certificate during the 2015-2016 season (Full Year or Allstar Prep) you **must** provide a photocopy of your child's birth certificate. *****

TUITION:

\$185.00 upon registration plus 4 additional payments of \$185.00 due by the 8th of each month starting in December 2016.

All payments made to Stingray Brands, LLC.

Tuition includes; all team practices and a reserved spot in a one-hour weekly tumble class, choreography and music, competition fees, team t-shirt and bow and uniform rental and USASF fee.

*****NEW UNIFORMS THIS YEAR!*****

If you would like to purchase your uniform at the end of the season you will be billed an additional \$100.00. Otherwise, you will return your uniform after the last competition.

Mandatory items include; briefs and sports bra to wear with your uniform (color will be decided based on the color of the uniform, stay tuned) and white cheer shoes (all of these items can be ordered from our pro shop, Full Out Sports, payment required when ordering).

Optional Items include; 2 practice wear outfits and a bow to match, Stingray backpack (while not mandatory, this is the only bag that can be carried at a competition). These items will also be available through Full Out Sports.

BILLING: Your monthly fees will be billed to your Stingray account on the 1st of each month (December-April). Fees are due on or before the 7th of each month. On the 8th of each month any outstanding balance will be charged to your credit card that you provided. Stingray Brands, LLC. accepts cash, checks, money orders and debit/credit cards. You may also pay online at www.stingrayallstars.com. Follow the prompts to your gym location. If you have any questions about your account, feel free to contact the office.

PARTICIPANT INFORMATION

Stingray Sport Center
4680 Morton Road
Johns Creek, Ga. 30022
770-552-0700

Stingray Cheer Company
1431 Cobb Pkwy N
Marietta, Ga. 30062
678-581-9218

Stingray Brands
199 Hickory Lane
Cartersville, Ga. 30120
770-607-0750

Mother/Guardian

First: _____ Last: _____

Father/Guardian

First: _____ Last: _____

Phone Number

Mother/Guardian Cell: _____ Father/Guardian Cell: _____

Emergency Contact Name: _____ Phone Number: _____

Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Email Address

Mother/Guardian: _____ Father/Guardian: _____

Participant Information

First: _____ Last: _____

Birthday: _____

Medical and Insurance Information

Medical Insurance Provider: _____ Policy No./Group No.: _____

Provider Address/City/State/Zip: _____

Provider Number: _____

Is the Participant currently being treated for any type of medical condition? YES or NO (circle one)

If "YES", please explain: _____

Is the Participant allergic to any known medications or suffer from any allergies? YES or NO (circle one)

If "YES", please explain: _____

Is the Participant currently taking ANY medications? YES or NO (circle one)

If "YES", please explain: _____

Are there any other known medical issues or conditions that we should be made aware of?

YES or NO (circle one)

If "YES", please explain: _____

Please carefully read this entire form. This form must be completed in full, signed, and returned before your child may participate in any Activities (as defines below).

PARTICIPANT AGREEMENT

As parent or legal guardian of _____, a minor ("Minor"), and in consideration for Minor's participation in the cheerleading, dance and other activities and services, including, without limitation, travel to and from such activities, competitions, conferences, meetings, and other events that may require travel (collectively, the "Activities"), conducted and provided by STINGRAY CHEER COMPANY, INC., a Georgia corporation; STINGRAY SPORT CENTER, LLC, a Georgia limited liability company; STINGRAY BRANDS, LLC, a Georgia limited liability company, and their respective affiliated entities, owners, agents, officers, employees, representatives, and all other persons or entities acting in any capacity on their behalf (collectively, "SA"), I AGREE AS FOLLOWS:

I. Liability Release. ON BEHALF OF MYSELF AND MY HEIRS, ASSIGNS, EXECUTORS, AND ADMINISTRATORS, I RELEASE AND FOREVER DISCHARGE SA FROM ALL CLAIMS, JUDGEMENTS, LOSSES, LIABILITIES, DAMAGES, COSTS, AND EXPENSES (COLLECTIVELY, THE "CLAIMS") OF ANY NATURE ARISING OUT OF OR IN ANYWAY RELATED TO THE MINOR'S PARTICIPATION IN THE ACTIVITIES WHETHER OCCURRING ON THE PREMISES OF ANY SA LOCATION OR ANY OTHER LOCATION; I FURTHER AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS SA FROM AND AGAINST ANY AND ALL SUCH CLAIMS, INCLUDING, WITHOUT LIMITATION, ATTORNEYS' AND OTHER PROFESSIONALS' FEES AND COSTS. I understand that this release and discharge of Claims includes, without limitation, any Claims based on the negligence, action, or inaction of SA and covers personal and bodily injury (including death) and property damage, whether suffered by Minor before, during, or after participation in any Activities, and includes all Claims arising from the publication of use of any photograph, videotape, or narrative in any media. I acknowledge that SA makes no representations or warranties, either express or implied, regarding the condition or suitability of SA's or any other locations or equipment for the Activities. The laws of the State of Georgia shall govern this release and indemnity agreement.

II. Medical Release. I acknowledge and agree that Minor's participation in the Activities subjects Minor to the possibility of physical illness or serious injury (including death). I further acknowledge and agree that Minor is assuming the risk of such physical illness or serious injury (including death) by participating in the Activities. In the event of such physical illness or injury, I authorize SA to obtain necessary medical treatment for Minor and I release, hold harmless, and forever discharge SA from any Claims arising from or related to any physical illness or serious injury (including death) and to the exercise of this authority. I further acknowledge and agree that I will be responsible for any and all medical and related costs and expenses incurred by and on behalf of Minor for any such physical illness or injury.

III. Appearance Agreement. I understand that SA may from time to time produce promotional and other audio or visual materials and media relating to the Activities (the "Promotional Material"). I understand that, as a participant in or spectator of such Activities, Minor may be included in video recordings, audio recordings, photographs, and images taken during Activities for use in Promotional Material. THEREFORE, I HEREBY ASSIGN, TRANSFER, AND GRANT TO SA, WITHOUT RESERVATION OR LIMITATION, THE ROYALTY-FREE, EXCLUSIVE RIGHT TO USE SUCH VIDEO RECORDINGS, AUDIO RECORDINGS, PHOTOGRAPHS, AND IMAGES OF MINOR, AS WELL AS MINOR'S NAME, LIKENESS, PERSONAL AND DEMOGRAPHIC INFORMATION, VOICE AND APPEARANCE AS PART OF ANY PROMOTIONAL MATERIAL. IN GRANTING THIS LICENSE, I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE ANY SUCH PROMOTIONAL MATERIAL PRIOR TO PUBLICATION. I FURTHER AGREE THAT, UPON THE REQUEST OF SA, I SHALL IMMEDIATELY REMOVE OR TAKE DOWN ANY PROMOTIONAL MATERIALS THAT MINOR OR I HAVE UPLOADED OR POSTED TO ANY WEBSITE OR SOCIAL MEDIA PLATFORM (INCLUDING, BUT NOT LIMITED TO, FACEBOOK, TWITTER, INSTAGRAM AND YOUTUBE), OR IN ANY OTHER PUBLIC FORUM.

IV. Confidentiality. I acknowledge and agree that SA develops and creates unique and valuable proprietary dance routines, cheerleading routines, training techniques, and other intellectual property that are unique and valuable to SA and that may be used to prepare for and participate in competitive events (collectively, the "Intellectual Property"); I further acknowledge and agree that maintaining the confidential and proprietary nature of the Intellectual Property is of the utmost importance to SA and its competitive success. I understand that I may video-record, audio-record, photograph, or take other images of the Intellectual Property solely for my, Minor's, or Minor's immediate family's personal, non-commercial use; PROVIDED ALWAYS, HOWEVER, THAT MINOR AND I SHALL NOT POST OR UPLOAD ANY SUCH RECORDINGS OR IMAGES TO ANY WEBSITE OR SOCIAL MEDIA PLATFORM (INCLUDING, BUT NOT LIMITED TO, FACEBOOK, TWITTER, INSTAGRAM, AND YOUTUBE), OR IN ANY PUBLIC FORUM WITHOUT THE PRIOR WRITTEN CONSENT OF SA.

V. Breach. I ACKNOWLEDGE AND AGREE THAT ANY BREACH OR THREATENED BREACH OF SECTION IV OF THIS AGREEMENT WILL CAUSE SA IRREPARABLE INJURY FOR WHICH NO ADEQUATE REMEDY AT LAW IS AVAILABLE AND I CONSENT TO THE ISSUANCE OF AN INJUNCTION PROHIBITING ANY CONDUCT VIOLATING THE TERMS OF SECTION IV. I ACKNOWLEDGE THAT ANY VIOLATION OF THIS AGREEMENT BY MINOR OR BY ME MAY RESULT IN MINOR BEING SUSPENDED FROM OR PERMANENTLY EXPELLED FROM PARTICIPATION IN SOME OR ALL ACTIVITIES AND MY SUSPENSION FROM ATTENDING AND SPECTATING SOME OR ALL ACTIVITIES. I ACKNOWLEDGE THAT IN ANY CASE WHERE MINOR IS SUSPENDED OR PERMANENTLY EXPELLED FROM PARTICIPATION IN SOME OR ALL ACTIVITIES, I WILL NOT BE ENTITLED TO ANY REFUND OF ANY AMOUNTS PAID FOR PARTICIPATION IN ANY CURRENT OR FUTURE ACTIVITIES.

I have had sufficient time and opportunity to read this agreement. I have read this document in its entirety and understand it. Therefore, by affixing my signature below, I agree to be bound by the terms of this agreement.

PARENT/GUARDIAN:

MINOR:

SIGNATURE

SIGNATURE

NAME (PRINT)

NAME (PRINT)

DATE

DATE

**Allstar Prep
Assessment Form**

Everyone MUST turn in this completed form.

Cheerleader's Name: _____

Age: _____

School: _____

Phone: _____

THE STAFF WILL USE THIS NUMBER TO CONTACT YOU WITH ANY QUESTIONS.

Athlete's Experience: _____

Last gym cheered with (for USASF registration): _____

STAFF USE ONLY BELOW THIS LINE.

Motions: _____

Jumps: _____

Tumbling: _____

Flying Experience: Yes No

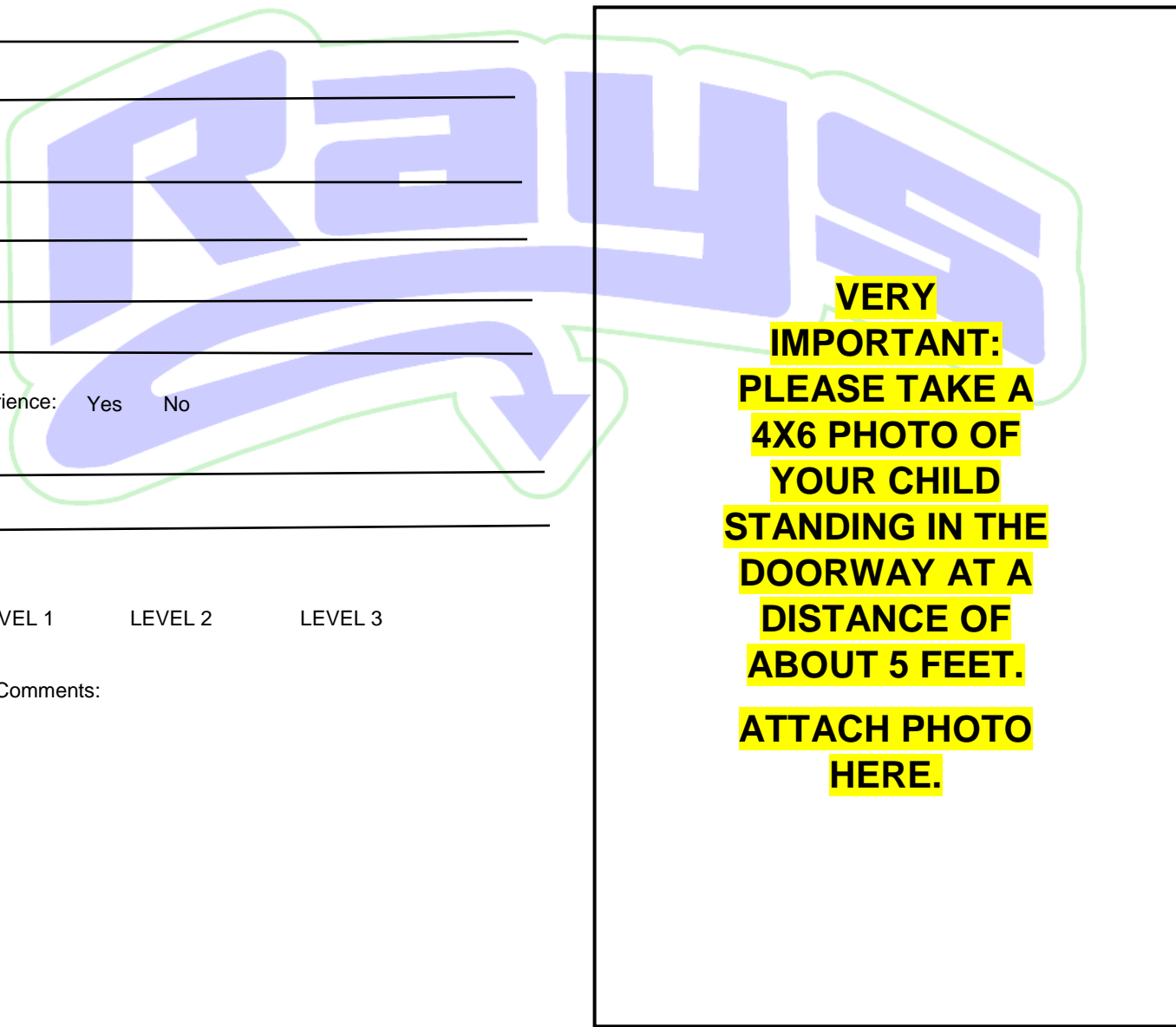
Flexibility: _____

LEVEL 1

LEVEL 2

LEVEL 3

Additional Comments:



**VERY
IMPORTANT:
PLEASE TAKE A
4X6 PHOTO OF
YOUR CHILD
STANDING IN THE
DOORWAY AT A
DISTANCE OF
ABOUT 5 FEET.
ATTACH PHOTO
HERE.**

**Financial Commitment/
Credit Card Information**

Turn this form in with your completed packet.
You do NOT need to turn this in if you are doing
Online Registration.

**Financial Commitment
(Billing Authorization)**

I have read the Allstar Prep Registration Packet and fully understand my financial commitment to The Stingray Allstars outlined in this document. I understand that my commitment is for the 2016-2017 Allstar Prep competitive season. I understand that I am giving my credit card/debit card information and that information will be used if I do not meet payment deadlines to Stingray Brands LLC.

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: _____

Name as it appears on the card: _____

Billing Address: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____ CVC code on back of card: _____

Card Holder's Signature: _____ Date: _____

Cheerleader's Name: _____

Card Holder Cell Phone Number: _____

Card Holder Email Address: _____

EVERYONE is required to submit credit card/debit card information and to be on auto-pay.

It is your responsibility to inform the office of any changes to this card.

Monthly fees are billed to your Stingray account on the 1st of every month. Payment is expected on or before the 7th. This credit/debit card will be charged for any outstanding balance on the 8th.

By signing this page, you understand that you are committing to paying \$185.00 for 5 months.