

Allstar Cheer Non-Travel Program 4-9 Years Old

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

Our non-travel cheer program is designed for our younger athletes ages 9 and under as of December 31st,2020 Tiny and Mini non-travel teams will compete 4-5 times throughout the season. Your athlete will be competing in the prep or novice division to offer them a taste of what Allstar cheerleading is about. This will be a great introduction to the sport, whether there interests maybe in Allstars or school cheer

TRADITIONAL REGISTRATION (PRINTED 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 \$200.00. You will sign up for an assessment date at this time also. *NO INCOMPLETE PACKETS WILL BE ACCEPTED.*

TUITION:

\$200.00 upon registration plus 7 additional payments of \$200.00 due by the 7th of each month starting in August 2019. All payments made payable to The Stingray Allstars.

TUITION:

All payments made to The Stingray Allstars.

Tuition includes:

- All team practices
- A reserved spot in a one-hour weekly tumble class plus 1 additional drop in per week.(when available)
- Choreography, music and competition fees
- Gym wide t-shirt
- USASF fee

Mandatory items not included in tuition:

- Uniforms must be purchased the cost is \$ 165.00
- Briefs and sports bra to wear with your uniform
- White cheer shoes
- 2 practice wear outfits

(With the exception of our competition uniform, all these items can be ordered thru our pro shop, Full Out Sports, payment required when ordering).

Optional Items include: Stingray backpack, while not mandatory, this is the only bag that can be carried at a competition. Warm ups are available to purchase but not required for our non- travel teams. 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 (August- March). Fees are due on or before the 7th of each month. On the 8th of each month any outstanding balance will be charged to the credit card that you provided. The Stingray Allstars accepts cash, checks, money orders and debit/credit cards. You may also pay online at cartersville.stingrayallstars.com. follow the prompts. If you have any questions about your account, feel free to contact the office, 770-607-0750 or cartersville@stingrayallstars.com.

Everyone MUST turn in this completed form.

PARTICIPANT INFORMATION

Cartersville Cheer Co. LLC
DBA The Stingray Allstars
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)

YES, please explain: _____ If

STINGRAY ALLSTARS NON-TRAVEL PREP 2020-21 REGISTRATION PACKET CARTERSVILLE

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 Cartersville Cheer Company 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 SUPSENDED 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 ACTIVITES, I WILL NOT BE ENTITLED TO ANY REFUND OF ANY AMOUNTS PAID FOR PARTICIPATION IN ANY CURRENT OR FUTURE ACTIVITES.

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: _____ Date: _____

Name (Print) _____ Name (Print) _____ Date: _____

**Allstar Prep
Assessment Form**

Everyone MUST turn in this completed form.

Cheerleader's Name: _____

DOB/Age: _____

School: _____

Athlete's Experience: _____

Last gym cheered with (for USASF registration): _____

STAFF USE ONLY BELOW THIS

Motions: _____

Jumps: _____

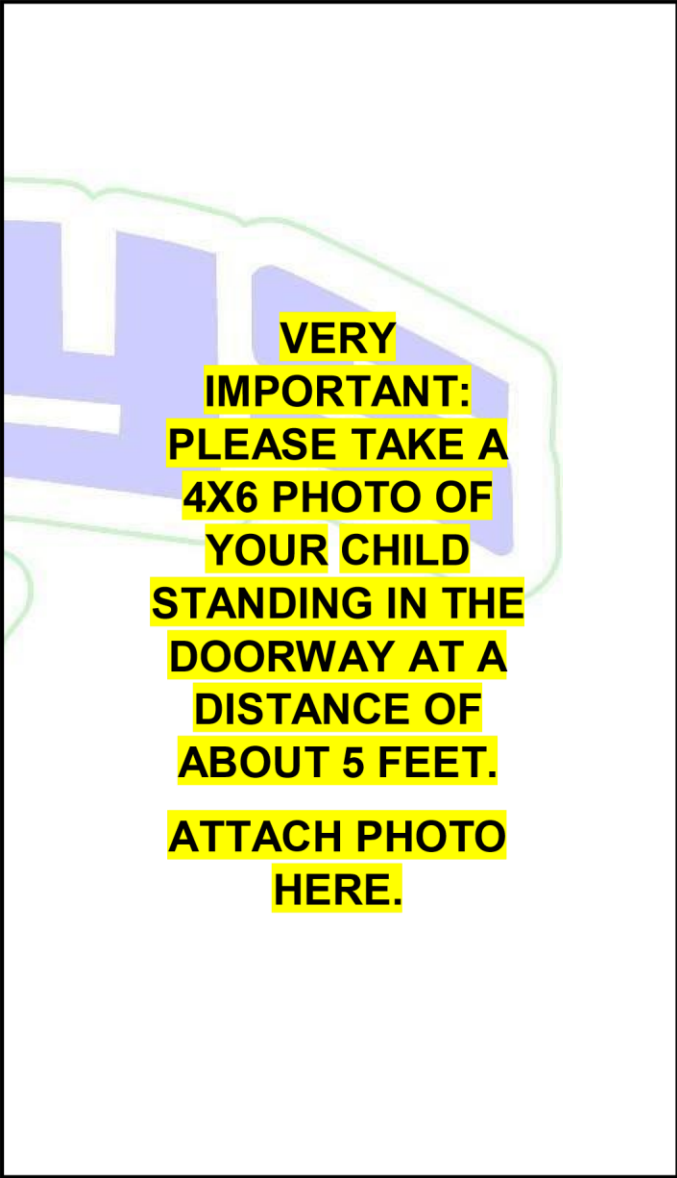
Tumbling: _____

Flying Experience: Yes No

Flexibility: _____

LEVEL 1 LEVEL 2 LEVEL 3

Additional Comments:



Financial Commitment/ Credit Card Information

Turn this form in with your completed packet.

**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 2020-2021 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 Cartersville Cheer Co. LLC/ The Stingray Allstars

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 \$200.00 for 8 months.