

App. Date: \_\_/\_\_/\_\_\_\_

Participant's Name \_\_\_\_\_



## PARTICIPANT'S APPLICATION

(Please Print)

**CHEER / TUMBLE / HIP HOP /** (circle one or more correct items)

DATE: \_\_\_\_\_ WEEKDAY/TIME: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL, LIABILITY & PROMOTIONAL RELEASE** (Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_)

1. I understand that by participating in this or any program, clinic, class, team or competition there is the possibility of death, serious injury or sickness to my daughter/son; therefore, I give permission for my daughter/son to participate in the STUNTZ ACADEMY LLC Team, Competition, Clinic, Class, or Special Event and do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he become injured or sick. I also understand that STUNTZ ACADEMY LLC may administer simple first aid to minor injuries if necessary.

2. Also, I am fully aware that any activity involving motion or height creates the possibility of death or serious injury, and I further agree to hold STUNTZ ACADEMY LLC and it's staff, instructors, owners and officers harmless for any injury or resulting expenses. I release and discharge any and all rights and claims against STUNTZ ACADEMY LLC and its parties. STUNTZ ACADEMY LLC strives to provide the maximum in safety procedures and guidelines, and therefore, cannot assume responsibility for any accidents or injuries that may occur.

3. I give STUNTZ ACADEMY LLC the right and permission to film, photograph or video tape my daughter/son for any reproductions for use in any form of advertisement for STUNTZ ACADEMY LLC promotional purposes.

***I HAVE READ THIS MEDICAL, LIABILITY & PROMOTIONS RELEASE FORM AND FULLY UNDERSTAND ALL STATEMENTS MADE HEREIN. BY SIGNING BELOW, I ACCEPT THESE TERMS OUTLINED ABOVE WITHOUT ANY RESERVATIONS.***

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **MAKE-UP / REFUND POLICY**

PARENT INITIAL \_\_\_\_\_

We DO NOT REFUND for missed classes. Missed classes must be made up sometime during the same week. There are NO MAKE-UPS for classes missed unless STUNTZ ACADEMY LLC is closed for holidays or snow days.

### **PAYMENT POLICY**

PARENT INITIAL \_\_\_\_\_

ANNUAL REGISTRATION FEE – I understand that ALL class & team members must pay an annual registration fee at the time of enrollment. This fee will be \$30.00

PARENT INITIAL \_\_\_\_\_

CHEER TEAM -- I understand that monthly team tuition is due on or before the first (1<sup>st</sup>) day of each month. Further, I understand that no invoice will be mailed to my home as a reminder and that it is my responsibility to pay team tuition on time. Any uniform, travel and/or competition fee schedules will be distributed in class prior to scheduled competition dates. Contracts are signed in May. NO REFUNDS

PARENT INITIAL \_\_\_\_\_

ALL OTHER CLASSES – I understand that all session classes fees are due on the first (1<sup>st</sup>) class of the new session and considered late if not paid by the second class of the session. I understand that I must re-register each class session if I wish to continue and hold my class spot. A late fee may be assessed to my account if a late payment is received after the second (2<sup>nd</sup>) class. The late fee is \$20.00 in addition to my session fee.

### **RELEASE FROM CLASS OR TEAM**

PARENT INITIAL \_\_\_\_\_

STUNTZ ACADEMY LLC reserves the right to release any team or class member at any time for any reason including, but not limited to: excessive missed practice or class sessions, unacceptable behavior, or failure to pay expenses. If my daughter/son is released from a class or team or leaves on her/his own, I understand that any monies paid will not be refunded for any reason and if any monies are due STUNTZ ACADEMY, I agree to pay my child's account balance in full immediately.

Financially Responsible Party