



ALL COUNTY STARS - SOUTH GYM

All Star Team Registration Information Agreement

To participate in this program it is ABSOLUTELY NECESSARY that the following items be completed:

- 1.) A recent certificate of physical fitness from a medical doctor dated on or after January 1st of this year. (For all Cheerleaders)
- 2.) Signed contract / Agreement, attendance policy, commitment statements, etc... contract paperwork
- 3.) Copy of Birth Certificate
- 4.) Copy of Health Insurance Card
- 5.) Valid Checking account or credit card information
- 6.) Rules & Regulations

TUITION & PAYMENT POLICY

Registration & Season Fee: \$125.00 and is due at the time of registration at team placements and is **NON-Refundable**

TEAM	Registration and full season fees	Uniform, spankies, (2) pr of socks & sneakers	COMPETITION FEES **	MAKE-UP & BOW
Senior Team	\$125.00	\$285.00	\$475.00	\$25.00
Junior Team	\$125.00	\$285.00	\$475.00	\$25.00
Youth Team	\$125.00	\$285.00	\$475.00	\$25.00
Mini Team	\$125.00	\$285.00	\$475.00	\$25.00
Tiny Team	\$125.00	\$285.00	\$475.00	\$25.00
Open Team	\$35.00	\$285.00	Pay As Go	\$25.00
Parent Team	\$35.00	TBD	Pay As Go	\$25.00
Regional Team	\$50.00 pays full season (due at registration) runs Sept - April other costs - uniform & spankies \$110.00, bow & make-up \$25.00, Comp fees - \$65.00			

** Competition fees will be adjusted according to the competition schedule. All County Stars South reserves the right to increase the competition fees if an unforeseen increase from companies occurs.

Sibling Rates: First Child – Full Yearly Season Fee, Second Child - \$50.00 off Season Fee,
Third Child - \$100.00 off Season Fees

SIBLING RATES APPLY TO IMMEDIATE FAMILY ONLY (Sister, Brother, Step Sister, Step Brother)

ALL PAID FEES ARE NON-REFUNDABLE

Uniform Fee includes: Vest, Skirt, Spankies , 2 pair of socks and sneakers

Competition Fees include: Covers entry fees for scheduled competitions only. All County Stars South reserves the right to increase as the need arises.

Season Fee Includes: Gym Fees, Coaches Salaries, Guest Coaches, Choreographers, routine music, team administration, Gym Membership with includes open gym. This **DOES NOT** include private tumbling classes.

In the event that payment is not current, your cheerleader will not participate in practice or competition unless other arrangements have been made. **This is a 12 month commitment** – the season starts in June and ends in May of the following year. Due to the fact that you are under contract for 12 months, your cheerleader May not participate in any other allstar organization due to a conflict of interest. If you choose to leave All County Stars South during the season your child cannot participate in or with any other allstar team until the following season.

Payment may be made by check, credit card, debit, cash or money order. We require a credit card number to be on file, a routing number to your checking account, or 10 post dated checks. We have the right to charge your credit card or checking account if your account is not paid by the 10th of each month. If you leave before the season ends, it is your responsibility to pay in full for all the tuition months remaining as well as any competition fees that are due and any orders that have been placed, examples are: uniforms, shoes, bags, etc... Failure of payment by the client will result in legal action for recovery of balance and any or all fees and/or expenses associated with said recovery. The account number on record will be charged in full for the balance due.

****ADVANCE PAYMENTS ARE NON-REFUNDABLE **RETURNED CHECKS \$20.00 FEE **CONTRACT/AGREEMENT IS NON-TRANSFERABLE**

Each cheerleader must purchase the following: (See Payment Schedule for Breakdown of monthly funds due)

- 1.) Uniform Includes - shell, skirt, spankies , 2 pair of socks and sneakers
- 2.) Make-up & Bow
- 3.) Competition Fees – These are approximate costs. This fee is subject to change should the venues chosen raise their prices.
- 4.) Additional Fees – Spectator fees for competitions, any travel, hotel, and meal costs. Any required team camps or instruction workshops... will be the sole responsibility of the parent.

All the above is to be purchased through All County Stars South. All deposits are non-refundable. Uniforms may not be purchase by non-members or members who are no longer affiliated with All County Stars South or its affiliates.

NOTE:

- ❖ It is the responsibility of the parents for the proper maintenance of the uniform / warm-up / sneakers & Bow.
- ❖ Parents it is your responsibility to provide transportation for your child to all of All County Stars South practices, events and competitions, unless scheduled to go as a team.

PRACTICES:

- ❖ Arrive on time and come into the gym to pick up your child; your child must stay with their team until you arrive. For safety reasons this rule is strictly enforced, please notify your coach when picking up your child.
- ❖ If you are unable to attend practice you **MUST** contact your coach or call the All County Stars South office prior to practice time.

COMPETITIONS:

- ❖ **Competitions are mandatory**; however we do understand that sometimes there may be schedule conflicts that come up. Those are limited to things such as 1st Communions, weddings... **It is the responsibility of the Parent or Guardian of the cheerleader to inform the office of the cheerleader's inability to attend the competition. 30 Days written notice must be give in the event that a cheerleader cannot attend a competition for excusable reasons. Should you not inform the office by this date other actions may be taken including, but not limited to exclusion from future competitions.**

The client's signature indicates he/she has read the above and understands the terms presented in this contract/agreement. This contract becomes valid upon receipt of the client's deposit and dated signature and is subject to the laws of the State of New York.

Signature of Parent / Guardian: _____ Date: _____

Witness Signature: _____ Date: _____



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All Star Team Registration Information REGISTRATION AND RELEASE

Participants Name: _____ Telephone Number: _____

Mailing Address: _____
Street Town Zip

Date of Birth _____ Age (As of 8/31/09) _____ Grade in 9/09 _____

E-Mail address: _____

Mother's Name: _____ Father's Name: _____

Guardian Name: _____

Cell Phone Numbers: Mother _____ Father _____

List below two emergency numbers in the event you are not available:

1.) Name: _____ Relationship _____

Telephone Number(s): _____

2.) Name: _____ Relationship _____

Telephone Number(s): _____

as the parent /guardian, I hereby give approval for his/her, participation in any and all of the All County Stars South activities during the current season. I assume all risk, and hazards, incidental to such participation and hereby waive, release, absolve, and agree to hold harmless All County Stars South and its affiliates, the organizers, coaches, sponsors, supervisors, and participants from any claim arising from any injury to my son/daughter. I understand that this is a year long commitment with All County Stars South. I hereby agree to pay for the full season (\$500.00 / \$200.00), which runs from June to May if I choose to leave before the season ends.

PHOTO PERMISSION: I hereby grant the release of any and all photographic rights of pictures, slides, videos, DVD's, etc... taken at or by All County Stars South, or any operation owned by All County Stars South and its affiliates. I also give permission for All County Stars South to publish/submit and or use these photo/videos for any promotional advertising that All County Stars South chooses.

Signature of Parent: _____ Date: _____

Signature of Child: _____ Date: _____

Witness: _____ Date: _____

Registration Fee - \$125.00 Date Paid: _____ Cash / Check # _____ Credit Card Visa _____ MC _____



ALL COUNTY STARS – SOUTH GYM

All Star Team Registration Information

All County Stars South, Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of All County Stars South, herein after collectively referred to as All County Stars South agents, owners, officers, employees, and all other persons or entities acting in any capacity of their behalf, I hereby agree to release and discharge All County Stars South, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1.) I understand and acknowledge that these activities me or my child are about to engage in pose known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself or my child, to property, or to third parties. The following describes some, but not all of those risks. Cheerleading entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activities. Without a certain degree of risk, cheerleading students would not improve their skills, and the enjoyment of the sport would be diminished. Cheerleading exposes its participants to the unusual risk of cuts and bruises. Other risks exist as well for tumbling, exercising, working out, dancing or any other activities that you or your child may participate in while inside our facility. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from practice, shows, competitions, events, and exhibitions, raises the possibility of any manner of transportation accidents. In the event, you or your child is injured; you may require medical assistance at your own expense.
- 2.) I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in these activities is purely voluntary, no one is forcing my child or me 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 All County Stars South and its affiliates from any and all liability, claims, demands, actions or rights of actions. Which are related to, arise from, or are in any way connected with me or my child's participation in any activities, including those allegedly attributable to the negligent acts or omissions of All County Stars South.
- 4.) Should All County Stars South, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
- 5.) I certify that I or my child have health, accident and liability insurance to cover any bodily or property damage, I may cause or suffer while participating in this event, or else I agree to bear the costs of such injury or damage to myself. I further certify that I or my child have no medical or physical condition which could interfere with me or my child's safety in these activities, or else I am willing to assume the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participating in any activity, I may be found by a court of law to have waived my right to maintain a lawsuit against All County Stars South and its affiliates, on the basis of any claim from which I have released them herein. In the event that I file a lawsuit against All County Stars South, I agree to do so solely in the state of New York, 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 portion shall remain in full force and effect. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____ Telephone Number: _____
Street Town Zip

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PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION (must be completed for participants under the legal age of 18).

In consideration of _____ (print minor's name), (minor) being permitted by All County Stars to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless All County Stars South and its affiliates from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use of participation by Minor.

Signature of Parent or Guardian: _____ Print Name: _____

DATE: _____



ALL COUNTY STARS – SOUTH GYM

All Star Team Registration Information

Participant's Name: _____

I certify that _____ (participants name) is physically capable and able to fulfill requirements needed to participate in All County Stars South activities. I understand that this form legally releases any and all obligations and responsibilities for the medical treatment of my son / daughter in the event of illness or injury during any activity when parent or guardian cannot be reached. If there is a physical or medical reason why he / she should not participate fully, All County Stars South will require a doctor's release. Furthermore, All County Stars South is not liable for any injury incurred while participating in / at All County Stars South.

Medical Treatment Permission Form

In the event of any emergency occurring while my son / daughter, is at a All County Stars South practice, performance, or trip, I grant permission for All County Stars South and its employees to take whatever action is necessary for the well being of my child. In the event that I cannot be reached, I hereby authorized

All County Stars South, and or its employees to give consent for my son / daughter _____ (print child's name) to receive medical treatment.

Home Phone _____ Business Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Person to be notified, other than parent or guardian in the event that no one is able to be reached:

Name: _____ Relationship: _____ Phone: _____

Name of Family Doctor: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed?: _____

Insurance Company: _____ Policy No.: _____

MEDICAL INFORMATION

Allergies: _____

Additional Medical Information that may be helpful: _____

List any Medications your child currently takes – Also, please notify All County Stars personnel should your child begin taking any medications during the season.

Parent Signature: _____ Date: _____



ALL COUNTY STARS – SOUTH GYM

All Star Team Registration Information Cheerleader / Stunt Person / Tumbler Physical Form

Name: _____ Date: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Grade Level: _____
(As of 8/31/09) (As of 8/31/09) (2009 / 2010 School Year)

Height: _____ Lungs: _____ Hernia: _____

Weight: _____ Ears: _____ Scoliosis: _____

B / P: _____ Heart: _____ Throat: _____

Muscle Deficiency: _____ Bone Abnormalities: _____

Teeth: _____ Back / Neck: _____ Abdomen: _____

REMARKS: _____

Any Restrictions / Limitations: Yes _____ No _____ (if yes, please explain) _____

Physicians Name: _____ Date: _____

Address: _____

Phone: _____ Fax No.: _____

Physicians Signature: _____



ALL COUNTY STARS – SOUTH GYM

All Star Team Registration Information Financial Information Sheet

I, _____ hereby authorize All County Stars South to charge my account listed below if I fail to pay any of my fees (tuition, uniform, clothing package, competition fees, etc...) by the 10th of each month.

Credit Card No.: _____

Full Name on Card: _____

Billing Address: _____

Expiration Date: _____ 3 Digit Code Number: _____

Drivers License ID Number: _____

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Checking Account No.: _____ Routing Number: _____

Bank Name: _____

Account Holder's Name: _____

Account Holder's Address: _____

Account Holder's Phone: _____ Drivers License ID Number: _____

A VOIDED CHECK MUST ACCOMPANY THIS FORM

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Signature: _____ Date: _____

Witness: _____ Date: _____



ALL COUNTY STARS – SOUTH GYM

All Star Team Registration Information Uniform Sizing Form

Personnel will fill out SIZING information at time of fittings:

Uniform

Shell: _____

Skirt: _____

Spankies: _____

Sneaker Size: _____