

## **National Training Center**

WWW.CHEERSTATION.COM

# **Gym Registration Team Program**

Athlete's First Name	Last Name/	Birth Date/	Age as	of December 31, 2022			
Billing Address/		City/	State/	Zip			
Parent's Names			Parent's Ho	ome Phone Number			
Parent Cell # (Primary	contact)	Emai	I				
Parent Cell #	*Cheer Station comm	Email	text to all gym	memhers!			
Medical Release:	Cheel Station Commit	unicates via eman &	text to all gylli	members.			
I/we the parents/guardian cheerleading, gymnastics Center, Inc. By granting processed for said student's person and instructors; whether said student that may ari involved in any activity the death. I/we assume all rewhile at Cheer Station or I/we furthermore hereby volunteer, against any and the Cheer Station rules and classes and instructors. I Station and its affiliates.  Parent/Guardian Signatu Physicians Name/	s, tumbling or other physic permission of said student al safety and release Chec paid or volunteer from a se by said student's partic nat includes motion or hei sponsibility and waive an while participating in a C to agree to hold harmles and all claims which may ar and regulations and agree , do	ical activities while it to participate in a er Station National ny and all liabilities cipation in this proight and that these y claim for comper heer Station activities Cheer Station, its ise while participate that my child will for hereby allow	a student at C this program, Cheerleading that may occu gram. I/we un activities can asation for acc ty away from to agents, emplating at Cheer S collow all rules	/we hereby assume full r Training Center, Inc., its or form any injury, includ derstand that there is peresult in serious injury, didental injury, disability, a he Cheer Station Training oyees, or servants wheth tation. I/we have received	aining responsibility supervisors, ing death to ersonal risk lisability or and death g Center. her paid or ed and read and that		
Physicians Name/	Insurance Company/	Phor	ne Number/	Policy Number			
	Offica II	se Only******	********		*		
Program:	······································						



### CSI Fall Express Team Payment Options for 2022-2023

All athletes must pay a \$35 (gym registration & tryout fee) due by September 11, 2022. Express Team practice starts the week of September 12th and continues through the final competition in April.

The Express Prep team packages includes team training, two extra practices, three competition registration fees, and all coach's fees.

**Team Payment:** \_\_\_\_\_ \$275 Due the week of September 12th, 2022 at the first practice. The balance of \$1715 is payable in 7 equal monthly installments of \$245 from October 15<sup>th</sup>, 2022 through April 15<sup>th</sup>, 2023. April payment will be run on the 8<sup>th</sup> prior to the last event.

- \*\$280.00 is due at the fitting for competition uniform and bow. Our athletes wear Nfinity vengeance and they are additional \$124.98 if you need shoes.
- \* \$125 choreography/music fee due October 15<sup>th</sup>
- \* \$45 Practice Wear
- \* Uniform sizing will be at a team practice the week of September 20th
- Express teams will have routine choreography on October 15<sup>th</sup> from 9:00-2:00.
- We will have two fundraising opportunities for athletes to earn monies for their team account. See our office for details.

#### **Competition Schedule**

2/12/23 Redline Cheer in Frisco, TX 3/25/23 Redline Cheer in San Antonio, TX

4/15/23 Bravo Cheer in Round Rock, Tx @ Kalahari

#### **Extra Practice Schedule**

\*\*There will be 2 extra practices and are mandatory.

- 1/14 2:30-4:00 - 3/24 5:00-6:30

4/23/23 Cheer Station Banquet- TBA

You must provide complete credit card or ach bank information if you elect to pay in monthly installments. You may pay by check or cash before the 15<sup>th</sup> of each month, but if payment is not received by the 15<sup>th</sup>, your credit card or bank account will be charged on the 15<sup>th</sup> and a \$20 late fee will be added. If two consecutive months are not paid on time, we reserve the right to terminate the payment plan option and require immediate payment of the past due balance. In addition, there is an immediate\$250 contract buy out if your child does not complete the season.

Once you sign up, the full program fee is due and payable, regardless of whether your child completes the entire season, as our costs and expenses are not reduced if a child discontinues attendance. This policy applies even if a child becomes ill, is injured, or moves out of the area.

(initial) Option 1.	Automatic Debit (Credit/Debit Card)	
I understand that my payment will be month.	lebited on the <b>FIFTEENTH</b> of each	
Name as it appears on the card:	Type of Card:	
Credit Card Number:		
Expiration Date:	CV2	
Signature:	Date:	
(initial) Option 2.	Automatic Draft (Checking/Savings)	
CHECKING ACCOUNT DRAFT		
my checking/savings account on the f until <u>I notify you in writing</u> to cancel change.	cial institution, American Bank of Commerce, to initiate monthly automatic draft for the freshold of the financial institution a reasonable opportunity to make	ct
Please attach a Voided check.	(Between I: & I: bottom left of check)	
Account No.	Checking Savings	
	lowing month. I may revoke my authorization with the company at any time by prior to the next billing so long as Cheer Station receives notification by the 20 <sup>th</sup> of perfore my account is charged.	f the
If debit is returned unpaid, Cheer Stat. \$25 NSF Fee.	on may debit returned item fees, as posted, from my account in the same manner w	vith a
SIGNATURE	DATE	
I understand that my payment will be	drafted on the <b>FIFTEENTH</b> of the month.	
( initial) If paym	ent is not received by the 15 <sup>th</sup> of the month, I agree to pay a \$20 late fee. Any chec	cks
that are returned will cause your according	ant status to be required to change to ach or credit card for the remainder of the seas	son.

### 2022-2023 Cheer Station Team Registration & Eligibility Form

Student Name	dent NameAge as of December 31, 2022									
I hereby give permission form that makes Cheer S permission for my child's	Station and its represe	entatives	paid or	voluntee	er, not lia	able for	· injuries	to my c	hild. I giv	re e
I agree to pay the nonre tuition depending on the monthly tuition is due by	e fee structure that I c	hoose an	nd any a	dditional	fees tha	at are li	sted in th			
If there is a balance on y and fees on the 16 <sup>th</sup> of th are awarded bids to end implemented for those e	ne month with a \$20 la of year events, fee de	te fee. I	underst	and that	it will b	e drafte	ed/ charg	ed to m	y accoun	t. If teams
I/we understand that if n removed from the team/	-				_	ill be in	eligible t	to comp	ete and n	nay be X
I/we have read and agree financial obligations to C required deadlines. I agreeleased from this control their attendance is compmonth or pay a \$20.00 la equipment is forfeited if custody disputes and will both parents.	Cheer Station for my content of the	hild's par s of tuition t this doe are ready see after to o comple	rticipation and/or son and/or sonot gu for the the 16 <sup>th</sup> or ete the s	on in the or pay the narantee mat. I ag of each m eason. I	ir team   e \$250 te my chilo gree to p nonth. I Please no	programe am buy I the rigo ay tear also un ote Che	ms and a yout as w ght to co n tuition derstanc eer Statio	gree to yell as an mpete of by the fi I that all on does	pay all fe ny past do or perforr 15 <sup>th</sup> day o I uniform not get in	es by the ue fees to be n unless f each s and nvolved in
If a team member quits f an attempt will be made will monies be credited t hours if you choose not	to sell to other athlet to a class account. Th	es to cre ere is a \$	dit mon 250 buy	ies towa out that	rd the u	npaid b	alance.	No refui	nds will b	e given nor
I/we understand that my half-day of school. I/we spring because it may co national competitions to to Play" rules when appl	understand that my clonflict with competition on the competition of the competition is a superior of the competition of the com	hild may ons and p rested ar	have to ractices nd to att	sacrifice . I will ancend	school s rrive at t required	sports p the med d practi	oarticipa eting tim ces. I als	tion in t e the nig o agree	he fall an ght befor to follov	d early e all major
Please sign and date on the state of the sta				_		_				-
I/We have read, understa received along with this			-			ım Try-d	out and <u>I</u>	nforma <del>i</del>	tion Pack	et that was
Athlete's t-shirts size: Sports Bra size:	circle one) YS (circle one) YS	YM YM	YL YL		AXS AXS		AM AM	AL AL	AXL AXL	
Parent/Guardian Signatu	ıre:					_ Date:				