



**National Training Center**

WWW.CHEERSTATION.COM

**CSI Gym Registration for the Team Program**

First Name/ Last Name/ Birth Date/ Age as of August 31, 2018

Billing Address/ City/ State/ Zip

Parent's Name/ Parent's Home Phone Number/

Dad Cell #/ Mom Cell #/ Dad Work #/ Mom Work #/

\*Dad Email/ \*Mom Email/

**\*Cheer Station communicates via email to all gym members, so please put the best email address!**

**Medical Release:**

I/we the parents/guardians of \_\_\_\_\_ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling or other physical activities while a student at Cheer Station National Training Center, Inc. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release Cheer Station National Cheerleading Training Center, Inc., its supervisors, and instructors; whether paid or volunteer from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that includes motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability, and death while at Cheer Station or while participating in a Cheer Station activity away from the Cheer Station Training Center. I/we furthermore hereby to agree to hold harmless Cheer Station, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at Cheer Station. I/we have received and read the Cheer Station rules and regulations and agree that my child will follow all rules pertaining to the gym and that classes and instructors. I \_\_\_\_\_, do hereby allow \_\_\_\_\_ to fully participate with Cheer Station and its affiliates.

**Parent/Guardian Signature of agreement** \_\_\_\_\_ **Date** \_\_\_\_\_

Physicians Name/ Insurance Company/ Phone Number/ Policy Number

.....Office Use Only.....

Program: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

# Cheer Station Payment Form

**Team Parent ONLY** - please initial to acknowledge that you understand all options:

\_\_\_\_\_ (initial) Option 1.      **Automatic Draft (Checking/Savings/Cash)**  
I understand that my payment will be drafted on the **FIRST** of the month.

\_\_\_\_\_ (initial) Option 2.      **Automatic Debit (Credit/Debit Card)**  
I understand that my payment will be debited on the **FIRST** of each month.

\_\_\_\_\_ (initial) Option 3 (In Store Payment (Money Order/Credit/Debit Card/Cash/Check))  
I understand that my payment is due on the **FIRST** of each month.

\_\_\_\_\_ (initial) If payment is not received by the 5<sup>th</sup> of the month, I agree to pay a **\$20 late fee**. Any checks that are returned will cause your account status to be required to change to ach or credit card for the remainder of the season.

## CHECKING ACCOUNT DRAFT

I authorize Cheer Station and the financial institution, American Bank of Commerce, to initiate monthly automatic draft from my checking/savings account on the first of each month, in the amount of \_\_\_\_\_. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to make the change.

Financial Institution **Routing Number** \_\_\_\_\_ (Between I: & I: bottom left of check) Please attach a Voided check.

**Account No.** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

Automatic draft will take effect the following month. I may revoke my authorization with the company at any time by writing Cheer Station thirty (30) days prior to the next billing so long as Cheer Station receives notification by the 25<sup>th</sup> of the month prior, or by notifying my bank before my account is charged.

If debit is returned unpaid, Cheer Station may debit returned item fees, as posted, from my account in the same manner with a \$25 NSF Fee.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## CREDIT CARD AUTOMATIC DEBIT

\_\_\_\_\_  
**Name on Card**

\_\_\_\_\_  
**Credit Card/Debit Number**

\_\_\_\_\_  
**Exp. Number**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**\*CV2 number**

(\*Three digit code on back of card)

Automatic debit will take effect the following month. This authority will remain in effect until I notify you, in writing, to cancel it thirty (30) days prior to the next draft. If the debit is returned unpaid, Cheer Station may debit returned item fees, as posted, from my account in the same manner with a \$25 NSF Fee.

*I authorize Cheer Station to initiate monthly automatic debit charges to my provided credit card, in the amount of \_\_\_\_\_.*

I also understand that all team related fees and purchases that have not been paid such as clinics, clothes, individual fees, uniforms, registration fees, camps, etc. will be billed, drafted or debited on the first of the month. Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**2018-19 Cheer Station Team Registration & Eligibility Form**

Student Name \_\_\_\_\_ Age as of August 31, 2018 \_\_\_\_\_

I hereby give permission for my son/daughter to attend the Cheer Station Flyer team try-out clinic. I have completed a release form that makes Cheer Station and its representatives paid or volunteer, not liable for injuries to my child. I give permission for my child's picture to be used for promotional and educational purposes in Cheer Station literature.

X \_\_\_\_\_

I agree to pay the nonrefundable \$35.00 gym registration and \$40.00 try-out fee. I also agree to pay monthly tuition depending on the fee structure that I choose and any additional fees that are listed in the team packets. The monthly tuition (fee packages vary) is due by the first of each month. Fees are considered late after the 5<sup>th</sup>.

X \_\_\_\_\_

If there is a balance on your account on the 5<sup>th</sup> of each month for any reason, it will be drafted/charged with the tuition and fees on the sixth of the month with a \$20 late fee. I understand that it will be drafted/ charged to my account. If teams are awarded bids to end of year events, fee deadlines will also be strictly enforced and a separate contract will be implemented for those events.

X \_\_\_\_\_

I/we understand that if my account is delinquent over 30 days my son/daughter will be ineligible to compete and may be removed from the team/ routine and until my account is currently up to date.

X \_\_\_\_\_

I/we have read and agree to comply with all requirements and rules for the 2018-19 competitive years. I understand my financial obligations to Cheer Station for my child's participation in their team programs and agree to pay all fees by the required deadlines. I agree to pay 12 months of tuition for my child to be trained and I understand that tuition pays for training. It does not guarantee my child the right to compete or perform. I agree to pay team tuition by the 1<sup>st</sup> day of each month or pay a \$20.00 late payment penalty fee after the 5<sup>th</sup> of each month. I also understand that all uniforms and equipment is forfeited if my child is not able to complete the season.

X \_\_\_\_\_

If a team member quits for any reason, you will forfeit all fees. Any uniform or uncollected items will also be forfeited and an attempt will be made to sell to other athletes to credit monies toward the unpaid balance. No refunds will be given nor will monies be credited to a class account.

X \_\_\_\_\_

I/we understand that my child may have to miss school to attend a National Competition. More than likely it will only be a half-day of school. I/we understand that my child may have to sacrifice school sports participation in the fall and early spring because it may conflict with competitions and practices. I will arrive at the meeting time the night before all major national competitions to ensure my athlete is rested and to attend any required practices. I also agree to follow the Stay to Play rules when applicable which requires me to stay in a host hotel listed by each event producer.

X \_\_\_\_\_

Please sign and date on the line below. Return to Cheer Station along with the registration form on or before May 10' 2018. Candidates will not be eligible to try-out without parental consent and \$75.00 registration and tryout fee.

I/We have read, understand and agree to the policies and procedures in the Team Try-out and Information Packet that was received along with this registration form, payment forms and tryout form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Clothes Sizes

Childs First Name \_\_\_\_\_ Childs Last Name \_\_\_\_\_

\*Please circle a size for each item listed below. This is for your camp clothes that we will wear to team choreo camp in August.

T-shirts	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL
Tank top	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL
Sports Bra	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL
Bikers (Spanks)	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL
Shorts (only boys)	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL

