



# 2017 REGISTRATION FORM

Participant Name: \_\_\_\_\_

Age at Time of Registration: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade at Time of Registration: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Primary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Add'l Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Add'l Phone: \_\_\_\_\_

## MEDICATION & MEDICAL RESTRICTIONS:

Periodically, children request medication. We will provide adult and child strength Ibuprofen, adult and child strength Acetaminophen, Cough Drops, Tums and Benadryl based on suggested packaging dosage without contacting you if your child is age 9 or older upon request from the child. If you know of allergies to any of these medications, or are aware of any concerning medical issues limiting participation in cheer or tumbling activities, please note such restrictions here:

Appearance Agreement: I understand that Indiana Elite™ from time to time produces promotional materials relating to its programs. I understand that as a participant in its programs that my child may be included in videotapes or photographs taken during at official program events and performances. Therefore, without restriction or limitations, I, in my own behalf and on behalf of the participant, hereby assign, transfer and grant to Indiana Elite™ the exclusive right to photograph and/or videotape the participant and to utilize such videotapes and photographs and minor's face, likeness, voice and appearance in its advertising and promotional materials. I further understand that Indiana Elite™ is under any obligation to exercise any of the foregoing rights, licenses or privileges.

Registration is not complete and not accepted unless and until Participant and all parents/guardians of a Minor Participant read, understand, and sign the Indiana Elite™ Acceptance of Risk Waiver & Release of Liability. Registration fee is never prorated and is due at registration and every May 1<sup>st</sup> thereafter. Updated registration forms will be required every May 1<sup>st</sup> as well.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only

CL \_\_\_\_\_ PY \_\_\_\_\_ JR \_\_\_\_\_ QB \_\_\_\_\_



2017
ACCEPTANCE OF RISK
WAIVER AND RELEASE OF LIABILITY

We, the undersigned, represent, acknowledge and accept that participation in the activities for which the Participant is registered includes strenuous physical activity and involves foreseeable risks of serious injury (including paralysis and even death) with or without the negligence of others. Participant, on his or her behalf, and the parent/guardians, on behalf of Minor Participant as well as on their own behalf, unequivocally agree to incur and assume such risks as a condition to participation in the activities for which Participant is registered.

In order to induce Indiana Elite™ to register Participant and in partial consideration for Participant’s opportunity to participate, the Participant (and the Minor Participant’s parents/guardians on behalf of Minor Participant and on their own behalf) hereby waive all claims (past, present or future), release and discharge, covenant not to sue, and agree to indemnify and hold harmless Indiana Elite™ (as well as its officers, employees, agents and coaches) from any and all liability, loss, cost, expense, claims, demands, actions, judgments and executions which the undersigned ever had, now has, or which the undersigned may have in the future, for personal injuries, known or unknown, and damage to property (real or personal) in any way caused by, related to, or arising out of, directly or indirectly, the activity for which Participant is registered or in which Participant is permitted to engage. The undersigned represents and agrees that this waiver and release is binding not only on the undersigned, but also upon their respective heirs, representatives, administrators, executors, and assigns. This release covers every possible injury or accident of every sort and nature, whether related to the permitted activity, the equipment, the condition of the premises, or otherwise, and regardless of whether due in whole or in part to the negligence of a releasee or other Participant.

If travel to or from any activity or event is provided, then this release also covers such away event, as well as travel to or from such event. In addition, if any anyone (whether a Participant, Minor Participant’s parent/guardian, or anyone else on behalf of a Participant or parent/guardian) makes a claim against any of the releasees despite their release, then the undersigned (joint and severally) agree to indemnify and hold harmless, each of the releasees from any litigation expenses, attorney fees, loss, liability, damages or cost any releasee may incur as the result of any such claim.

The undersigned represent that the Participant is healthy and has no physical or mental condition that would impair Participant’s ability to fully and safely participate in the contemplated activity.

The intent of this document is to relieve the releasees to the fullest extent permitted by law of any responsibility or liability for injury or damage arising out of the contemplated activity. As a consequence, if any term or condition in this document is determined by any court of competent jurisdiction to be overbroad or otherwise unenforceable for any reason, then the undersigned stipulate and agree not only that the remainder should be enforced, but also that the otherwise unenforceable term should be reformed and enforced to the fullest extent permitted by law.

Each of the undersigned represent that they have read and understand the terms of this Acceptance of Risk Waiver and Release of Liability, and are voluntarily signing the same, expecting Indiana Elite™, to rely on the same.

Participant Name

Age Birth Date

Participant Signature (if 18 years of age or older) Date Signed

If under 18 years of age, Parents/Guardians Signature:

By signing below Parent/Guardian represents that all parents/guardians have signed and/or that he/she is authorized to sign on behalf of any non-signing parent/guardian.

Parent/Guardian Signature

Cell Phone (xxx) xxx-xxxx

Parent/Guardian Printed Name

Email Address

Date

# 2017 Cheer Clinics: Individual Skills Sheet

(To be completed by participant)

Participant \_\_\_\_\_ Age as of August 31, 2017 \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade 2017-2018 \_\_\_\_\_ School \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

Interested in potentially participating on/with 2 teams next season? \_\_\_\_\_

## **STANDING TUMBLING** (Check all skills that you throw on our floor and WITHOUT a spot.)

**No experience** \_\_\_\_\_

**Level 1:** \_\_\_\_\_ Forward Roll \_\_\_\_\_ Backward Roll \_\_\_\_\_ Cartwheel \_\_\_\_\_ Back Walkover

**Level 2:** \_\_\_\_\_ Standing Back Handspring

**Level 3:** \_\_\_\_\_ Standing BHS series \_\_\_\_\_ Toe Touch Multiple BHS

**Level 4:** \_\_\_\_\_ Standing Tuck \_\_\_\_\_ Toe Touch BHS Tuck/Layout \_\_\_\_\_ Flip to Flip/Tuck \_\_\_\_\_ Flip to Flip /Layout

**Level 5R:** \_\_\_\_\_ Jump Tuck \_\_\_\_\_ Toe Touch BHS Full \_\_\_\_\_ 2 BHS to Full \_\_\_\_\_ Flip to Flip/Full

**Level 5:** \_\_\_\_\_ BHS BHS Double \_\_\_\_\_ Toe Touch BHS BHS Double \_\_\_\_\_ BHS Whip BHS Double

## **RUNNING TUMBLING** (Check all skills that you throw on our floor and WITHOUT a spot.)

**No experience** \_\_\_\_\_

**Level 1:** \_\_\_\_\_ Round-Off

**Level 2:** \_\_\_\_\_ Round-Off Back Handspring

**Level 3:** \_\_\_\_\_ Round-Off Back Handspring Tuck \_\_\_\_\_ Punch Front

**Level 4:** \_\_\_\_\_ Round-Off Back Handspring Layout \_\_\_\_\_ Front Handspring - Punch Front

**Level 5R:** \_\_\_\_\_ Round-Off Back Handspring Full \_\_\_\_\_ Round-Off Whip Back Handspring Full

**Level 5:** \_\_\_\_\_ Round-Off Back Handspring Double \_\_\_\_\_ Round-Off Whip Back Handspring Double

List any Specialty Tumbling Skills: \_\_\_\_\_

## **STUNTING EXPERIENCE:** Check your most advanced stunting skill level (& circle individual skills):

**Past or current stunt position:** No Experience      Flyer      Main      Secondary      Back

\_\_\_\_\_ **Level 1** (No experience or Level 1 stunts, elevators)

\_\_\_\_\_ **Level 2** (Elevators, Extensions, Straight Cradles and Basket Tosses)

\_\_\_\_\_ **Level 3** (Ext one-legged stunts, Full-Up to Prep, Full up to one leg Prep Level, 1/2 Up to Ext one-legged stunts, Switch up to Ext one-legged stunts, Full twisting 2-legged dismount, single trick baskets)

\_\_\_\_\_ **Level 4** (Ext one-legged stunts, Full-Up to Extension, 1 1/2 to Prep, Switch up to Ext One-legged stunts, Full twisting dismount from ext one-legged stunts, Double twisting dismount from 2-legged stunts, kick-full baskets)

\_\_\_\_\_ **Level 5** (Full up to one-legged ext stunts, 1 1/2 to Extended Stunts, Double Up to Extended Stunts, High to High Tic Tocs, Double twisting one-legged dismounts, Kick Double twisting baskets, hitch kick full baskets)

## **CHEER EXPERIENCE** (Other than Indiana Elite.)

Where: \_\_\_\_\_ Age/Level: \_\_\_\_\_

Where: \_\_\_\_\_ Age/Level: \_\_\_\_\_



# 2017 FEE STRUCTURE & PAYMENT POLICIES

**Team fees are due on the first day of each month.** A 10% discount in monthly gym fees applies to the less costly program for each additional child from the same family. A 20% discount in monthly gym fees applies to each additional child beyond the second child from the same family. This family discount does not apply activity fees, crossover fees or other gym charges.

It is essential that all accounts remain current at all times under the following guidelines. Failure to pay team fees as scheduled may result in the dismissal of your child from the program. The delinquency policy is as follows:

- For a child to compete in any given competition, their account (which includes gym fees and any other expenses paid to the gym) must be paid in full for the months preceding the competition date with account assessments taking place the first of each month or three weeks before the competition date, whichever is earlier
- For a child to compete in the FIRST competition of the season, gym accounts must be no more than one month in arrears during the spring/summer (May 1 – Sept 1) with account assessments taking place on the first of each month, and booster club accounts must be current by AUGUST 15.

Returned checks to Indiana Elite™ will be subject to a \$30 returned check fee.

Invoices will be emailed to all team participants on a monthly basis. Payments can be made by check (*made payable to Indiana Elite*), cash, VISA, MasterCard, American Express or Discover. **Payments can be made at the front desk or by using the drop box at the front desk.**

For your convenience and to avoid late charges, Indiana Elite™ will process your monthly payments on VISA, MasterCard, American Express or Discover card. Please complete and return the authorization form below to take advantage of this service.

Detach here and return to the front desk.

## AUTHORIZATION TO CHARGE VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER

I authorize Indiana Elite™ to charge my credit card on or about the first of each month for monthly tuition & activity fees applicable to my child(ren)'s participation in cheer programs and/or applicable fees for each tumbling session.

Participant Name(s) \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Visa  MasterCard  Amex  Discover ACCT # \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_