

CLINTON ELITE1261 SPRINGRIDGE RD CLINTON, MS 39056 601.431.8777 CLINTONCHEERACADEMY@YAHOO.COM

"ENTER A DREAMER, EXIT AN ACHIEVER"

**JACKSON PREP LOWER SCHOOL
REGISTRATION/RELEASE FORM**

Student's Name _____ Age _____ DOB _____

Attending School _____ Grade (Fall) _____

Medical Conditions/Allergies _____

Parents _____ Home Ph# _____

Address _____ City _____ Zip _____

Parents E-Mail _____

Mother's Cell _____ Father's Cell _____

Mother's Employer _____ Work # _____

Father's Employer _____ Work # _____

Emergency Contact (not parent) _____ Phone # _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY: As participant or legal guardian of the above named person(s), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to cheerleading, stunting, dancing, tumbling, gymnastics, parkour, conditioning,, use of inflatable's, or use of trampoline and/or any gym equipment/apparatus. Being fully aware of these dangers, I, voluntarily, consent to the aforementioned persons participating in any and all programs, including but not limited to private lessons, camps, clinics, group fitness, competitions/exhibitions, travel to and from competitions/exhibitions, parties, Kidz Nite, Bring-a-Friend,, Observation Day, or use of gym for external organizations at The Clinton Cheer Academy, Inc. and I **ACCEPT ALL RISKS** associated with that participation. In consideration for allowing the said participant(s) to use this facility, I, on my own behalf and/or the behalf of said participant(s) and our respective heirs, administrators, executors, and successors, hereby **DISCHARGE, COVENANT NOT TO SUE, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS, and FOREVER RELEASE** The Clinton Cheer Academy, Inc., its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or the said participant(s) while under the instruction, supervision, or control of The Clinton Cheer Academy, Inc. resulting from negligence, or other acts, howsoever caused; and any defective quality or performance either as to manufacturing or design of any equipment/apparatus used by The Clinton Cheer Academy, Inc.. I, also, understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant(s) and/or be aware of the dangers of injury. The guardian is aware and should warn the participant(s) according to what the guardian feels is appropriate. The Cheer Academy, Inc. will only warn the participant(s) thru teaching style and progressions. I, also, understand and give permission for photographs and videos of myself or the above named participant(s) to be used in print, broadcast media, and/or online use as deemed appropriate for the promotion of The Clinton Cheer Academy, Inc..

PERMISSION FOR EMERGENCY MEDICAL TREATMENT: I confirm that I, or the above named participant(s) are in good health and I have medical insurance and will provide coverage while the said participant(s) is enrolled. I fully understand that The Cheer Academy Inc./CE staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release The Clinton Cheer Academy, Inc./CE staff members to render temporary first aid to said participant(s) in the event of an injury or illness and/or seek medical help, including calling of an ambulance for said participant(s) should The Clinton Cheer Academy, Inc./CE staff deem it necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by the above named participant(s) as a result of any injury sustained while participating with The Clinton Cheer Academy, Inc./CE.

KNOWING AND VOLUNTARY EXECUTION: By signing and initialing for current and/or renewal session below, participant(s), and if a minor, participant(s) parent/legal guardian acknowledges that they have read and fully understand all of the above **RELEASE OF LIABILITY** and that by signing below, said persons are assuming all risk for injury arising from participation and release The Clinton Cheer Academy, Inc./CE of all liability. Furthermore, the undersigned fully understands they have given up substantial rights and have signed freely and voluntarily without any inducement, assurance or guarantee being made and intend their signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

Signature _____ Date _____

Signature of Parent/Guardian or Participant (if not a minor)

Sessions: *1st Semester* _____ *2nd Semester* _____*(please initial for the current/renewal session)*

Class Day/Time _____

GYM RULES & POLICIES

Students

1. No drinks, food, or gum (at any time) are allowed.
2. No cell phones are allowed during your session.
3. Proper attire must be worn by **EVERYONE** at all times for the safety of all:
 - No jewelry
 - Hair must be pulled back (no barrettes, beads, clips, or bows with clips)
 - Sports bras are required for all female students, regardless of age
 - Baggy shirts or shorts with zippers or buttons are not permitted
 - Must maintain short fingernails (not past tip of the finger)

Parents

1. Students must be **picked up on time**
2. Clinton Elite has a ***NO REFUND POLICY***.
3. **Payment must be paid in full prior to each session and/or student's return.**

I, _____, have read and fully understand the gym rules and will abide by them. I will ensure that my child, also, understands and is in accordance with the rules.

Payment Options: Cash, Check (payable to Clinton Elite), Venmo Acct - @KrazeeKorean (Kimberly Longabaugh)

Monthly - \$75 (Oct-Nov)

December - \$40 (includes performance)

Semester - \$265 (includes performance)

OFFICE USE ONLY

Month/Semester	Tuition Amt Paid	Cash/Credit/Check #	Date of Payment
1st Semester			
<i>Sept</i>			
<i>Oct</i>			
<i>Nov</i>			
<i>Dec</i>			
2nd Semester			
Jan			
Feb			
Mar			
Apr			
May			