

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

"ENTER A DREAMER, EXIT AN ACHIEVER"

REGISTRATION/RELEASE FORM

Student's Name _____ Age _____ DOB _____

Attending School _____ Grade (Fall) _____

Medical Conditions/Allergies _____

Parents _____ Home Ph# _____

Address _____ City _____ Zip _____

Parents E-Mail _____

Student's Cell _____ Student's Instagram _____

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: Summer _____ BTS _____ Fall _____ Winter _____ Spring _____

(please initial for the current/renewal session)

Class Day/Time _____ Check if Private Lesson ONLY _____

How did you hear about us? Friend _____ Facebook _____ Instagram _____ Other _____

GYM RULES & POLICIES

Students

1. No drinks, food, or gum (at any time) are allowed in the gym unless provided by Staff.
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)
4. Proper attire for competitive teams also include:
 - Full Practice Gear
 - Cheer Shoes

Parents

1. Clinton Elite has a **Closed Gym Policy**; no spectators are allowed, except for designated times.
2. If observing practice, please be mindful that engaging in verbal or physical contact with students disrupts learning potential. Please respect the coaches and their authority. Refrain from sideline coaching, questioning, or confronting coaches during practice. Take time to speak with coaches at an agreed upon time and place.
3. Students are to be **dropped off no earlier than 2 minutes prior** to class.
4. Students must be **picked up on time. After 5 minutes, You will be required to pay a fee of \$5 for every 5 minutes you are late and it will be payable before returning to class.**
5. You may walk your child in, but should **remain outside the gym until the door is opened**, signaling the end of the class; this is for the safety of your child because: 1) traffic will be kept to a minimum and we can keep better tabs on students and who is picking them up, 2) the door will not injure a student approaching it.
6. There are **no make-up classes** due to student/coach ratio, EXCEPT when the facility closes due to inclement weather or an unforeseen emergency.
7. **Classes must have at least 4 students to warrant a full hour** in all fairness to Private Lesson Students. If there are 4 students, they will receive 45 minutes of class. Any less than 4 students, they will be required to move to another available time or be put on a waiting list until the class meets it's quota.
8. **Classes are subject to change based upon enrollment and demand.**
9. Registration Fees are valid thru May 25th, ending the school year, unless there is more than a 2 week break between sessions or a session is skipped, altogether in which case, another registration fee will be due.
10. Clinton Elite has a **NO REFUND POLICY**.
11. The last day of each session is a Parent Observation Day. You are welcome to bring family! To secure your child's spot for the following session, payment is required at that time. **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.

General Fees

- **\$35 - Registration Fee** (valid thru May 31 ending each year, unless there is more than a 2 week break in between sessions)
- **\$35 - Drop-in Fee** (can be applied to registration fee)
- **\$135 - Summer Session**
- **\$150 - School Sessions** (9 weeks each, excluding holiday breaks)
- **\$10 Off – Sibling Tuition Discount/Multiple Class Discount**
- **\$7 - Service fee** for all credit card transactions
- **\$35 - NSF Fee**

OFFICE USE ONLY

Session/Camp	Reg. Fee (\$35)	Cash/Credit/ Check #	Date of Payment	# of Weeks	Tuition Amt Paid	Cash/Credit/ Check #	Date of Payment
Summer Session							
1st Tumble Camp							
2nd Tumble Camp							
Specialty Camp							
Back To School Session							
Fall Session							
Winter Session							
Spring Session							
*Private Lesson Only				NA	NA	NA	NA