

## EAST COAST CHEER & TUMBLE, LLC

Participant name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Mother's name: \_\_\_\_\_ email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's name: \_\_\_\_\_ email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### LIABILITY

I understand, as with any athletic activity that involves tumble, height, or participation in cheerleading, there is the possibility that an accidental injury may occur. However, I understand that all possible precautions will be taken to prevent such accidents. I hereby waive and hold blameless EAST COAST CHEER & TUMBLE, LLC, it's staff, and facility from any injuries, claims, or damages in conjunction with its cheer, tumbling, stunting, competitive programs, or other activities related to EAST COAST CHEER & TUMBLE, LLC to include practices and competitions.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent or legal guardian of \_\_\_\_\_ do hereby grant authority to the staff of EAST COAST CHEER & TUMBLE, LLC to render a judgement concerning medical assistance in the event of an accident or illness during my absence. I further authorize simple first aid or medical treatment which may be deemed necessary. It is also understood that if my child receives medical treatment, that the insurance of EAST COAST CHEER & TUMBLE, LLC will be the secondary coverage. I understand my child's medical insurance will be considered primary coverage.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

### TUITION PAYMENT

I understand I will be responsible for payment of monthly tuition while my child/ward is enrolled at EAST COAST CHEER & TUMBLE, LLC. **I understand tuition is due and payable on**

**the first of each month.** I understand and agree that if I have not paid for my child's tuition by the 7<sup>th</sup> of each month, EAST COAST CHEER & TUMBLE, LLC reserves the right to draft the debit/credit card listed below for the amount of my child's tuition plus applicable card processing fees (3.5% of amount to be charged + 15 cent swiping fee). Acceptable card types: Visa, MasterCard, Discover, and American Express.

Name as it appears on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Card type: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

### **WITHDRAWAL POLICY AND CONFLICT OF INTEREST POLICY**

I understand that I am responsible for giving a 30 DAY NOTICE PRIOR TO WITHDRAWING my child from programs at EAST COAST CHEER & TUMBLE, LLC. I also understand that it is a CONFLICT OF INTEREST to enroll my child in tumbling classes, clinics, or cheer programs at any other facility while enrolled in EAST COAST CHEER & TUMBLE, LLC. I understand that this will result in removal of my child from programs at EAST COAST CHEER & TUMBLE, LLC.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

### **PHOTO RELEASE & TRAVEL CONSENT**

I authorize East Coast Cheer & Tumble, LLC and/or its staff to transport my child to/from practices, rehearsals, and/or competitions in the event of my absence. I also agree to hold harmless East Coast Cheer & Tumble, LLC and its staff, the facility, and/or any other competition/exhibition facility for any illness or injury as a result of my child's participation in East Coast Cheer & Tumble, LLC events or transportation to or from any such event. I understand and authorize East Coast Cheer & Tumble, LLC to use my child's photograph for the use of promotional, advertising, and other marketing publications, to include the company's website, Facebook account, or Instagram account.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_