

Carolina Cheerleading Training Center Membership Registration

Student Information

Student's Name (First & Last): _____
Date of Birth: _____ Age: _____ Grade: _____ School: _____
Class Information: _____

Type of Class	Level	Day	Time	Type of Class	Level	Day	Time
---------------	-------	-----	------	---------------	-------	-----	------

Parent Information

Mother's Name: _____ SS#: _____
Father's Name: _____ SS#: _____
Address: _____
City, State, Zip: _____
Home Phone#: _____ Mother's Work Phone: _____
Father's Work Phone: _____

Bill Email Address: _____

Emergency Contact Person (Other than Mother or Father)

Name: _____ Phone: _____ Relationship: _____

Referred By: _____ In Computer

Payment Information:

Option 1: Direct Withdrawal **Withdrawal Amount:** _____

I, _____, do hereby grant Carolina Cheerleading T.C. the right to withdraw from my checking account the amount shown as the monthly tuition. I understand that this amount will be withdrawn on the 5th day of every month (or first business day thereafter) until such time as I notify Carolina Cheerleading **IN WRITING** of either a change or drop in class times. At such time, Carolina Cheerleading will discontinue or alter as needed the withdrawal amount.

Date: _____ **X** _____
Signature

Option 2: Credit Card Back-Up

I, _____, do hereby grant Carolina Cheerleading T.C. the right to charge my credit card the amount of my tuition plus late fee if I have not paid for my monthly tuition by the 8th day of the month. I understand that if not paid that the tuition amount plus late fee will be charged to my credit card until such time as I notify Carolina Cheerleading **IN WRITING** that I will be discontinuing classes.

Card Type Credit Card Number Exp. Date **X** _____
Signature

Option 3: Last Month Security Deposit

I, _____, hereby agree to give Carolina Cheerleading T.C. advanced notice **IN WRITING** that I will be withdrawing from classes in order for my last month security deposit to be applied or returned. I agree to give one months tuition as a security deposit for faithful payment.

Date **X** _____
Signature

Carolina Cheerleading Training Center

Participation Agreement and Medical Treatment & Release

Note: The parents or legal guardian of any students under the age of 18 must sign this form before any students can participate in any class or activity at/for the Carolina Cheerleading Training Center.

Cheerleading (and any other activity or sport sponsored by the Carolina Cheerleading Training Center) is an exciting sport that sometimes involves forceful contact with the ground or other cheerleaders. Because of these risks inherent to the sport, participating in cheerleading, exposes the students to many risks of injury. No matter how careful the athletes and coach are, no matter how many spotters are used, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes and always includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

I also acknowledge the receipt of the Carolina Cheerleading Training Center Policy Booklet and due hereby agree to adhere to the policies stated therein. I understand that tuition is due by the first of each month, and if it is not received by the seventh, a five dollar late fee will apply. Also, I agree to give the Carolina Cheerleading Training Center a 30 day written notice if I plan to withdraw my child from the program.

I have read the above information. I understand and assume all risks associated with participating at Carolina Cheerleading Training Center including, but not limited to all Carolina Cheerleading Training Center activities at this facility or others, and injuries that may occur while being transported. I further agree to hold the Carolina Cheerleading Training Center and it's employees, representatives, coaches, volunteers, owners, and agents harmless in any and all liability actions, claims, or additional legal actions in connection with participation in any activities related to the Carolina Cheerleading Training Center.

In signing this form, I assume the inherent risk of Cheerleading and related activities and waive future legal actions by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

Date: _____ Print Participants Name: _____

Parent or Legal Guardian's Signature: **X** _____
(or Student if 18 or older)

I, _____ do hereby grant permission for my child _____ to participate in activities associated with the Carolina Cheerleading Training Center. In the event of an emergency, I give my permission for any emergency treatment that may be required due to injury or illness.

Regular Physician: _____ Phone#: _____

Medications taken regularly: _____ Allergies: _____

Child's Insurance Provider: _____ Policy #: _____

PARENT'S SIGNATURE: **X** _____