

# Core Elite Tumble & Cheer →

1208 Old Trenton Road, Highland, IL, 62249, 1-618-654-8030

Today's Date: \_\_\_\_\_

Student's Last Name, First Name: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

Team you cheer for? (School/program name, varsity, junior varsity, etc.) \_\_\_\_\_

Class (Day/Time): \_\_\_\_\_ Second Class (Day/Time): \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Contact Information	Father's Contact Information
First and Last Name:	First and Last Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
*Email Address:	*Email Address:
*Student's Email Address:	
Other # you'd like to provide:	Other # you'd like to provide:
<i>In the event of an emergency, the person to be notified (if the parents cannot be reached at the numbers above):</i> Emergency Contact Name: Relationship to Child:	
Emergency Contact Phone #(s):	

Person responsible for payments of the student's fees: \_\_\_\_\_

Does this person have the same contact info above as the student?  Yes  No

If "No," please provide: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Does your child have any allergies, medical conditions or take prescribed medication for which we should be aware (i.e., asthma, allergies, breathing problems, heart condition, diabetes, etc.): \_\_\_\_\_

Has your child had any recent injuries or surgeries? If yes, please explain: \_\_\_\_\_

How did you hear about the Core Elite?  Referral (who: \_\_\_\_\_)  Advertisement  Flyer  Core Elite Website

I, the undersigned, being the parent/legal guardian of the child listed above, fully understand that the staff and coaches of the Core Elite Tumble & Cheer (herein after "Core Elite") are not physicians or medical practitioners of any kind. With that in mind, I hereby release Core Elite and their director, coaches or employees to seek and/or provide first aid to my child in the event of any injury or illness, and if deemed necessary, call for an ambulance, for which I agree to pay. As the parent/legal guardian of the student listed above, I agree to provide health insurance for the student listed above and guarantee payment of any medical expenses incurred as a result of training, performing, traveling, or participation in activities with Core Elite. I understand it is my responsibility to seek physician approval before my child engages in any physical/athletic activity with CORE Elite. I also understand that I am responsible for my child's behavior and safety while on the Core Elite premises, including parking lots, bathrooms, waiting areas, etc.

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

Signature of Person Responsible for Payments: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Group and/or Policy #: \_\_\_\_\_

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## PAYMENT POLICIES AND AGREEMENT

Please read this page in its entirety. Your signature below acknowledges that you have read, understand and agree to these policies.

**Registration Fee:** A \$25 non-refundable registration fee is payable once a year.

**Tumbling Tuition:** Tuition for tumbling classes is **due before the student enters the gym the first class of every session; otherwise the student will not be allowed in the gym until payment is made** (see tumbling handout for exact session payment dates). A \$5.00 per week late fee will be assessed to late payments. Tumbling session fees are for the full session, regardless of how many classes your child plans to attend or actually attends during each session. Classes cannot be "pro rated" for missed tumbling classes (including absences due to other activities, vacation, illness, etc.).

**Make-Up Classes:** CORE ELITE is happy to schedule a make-up class if your tumbler misses a class during the session. **Make-up classes are only available if the student is currently enrolled in a tumbling class.** If a tumbler is no longer a currently-enrolled Core Elite student, any remaining make-up classes are forfeited (*i.e.*, you may not leave Core Elite, come back at a later session and use previous make-up classes at that time). To schedule a make-up class, a tumbler needs to **fill out a "make-up class form" with the day and time of the make-up class she/he will be attending and submit it to the front desk (in person or via fax) at least 72 hours prior to the make-up class.** Make-ups cannot be accepted over the phone. This process will help us ensure that we have an appropriate student-coach ratio for each make-up class.

**IMPORTANT! Failure to pay tuition the week it is due will result in the child not being allowed to participate in class even if that child is in attendance (e.g., the child will sit out of class until payment is made).** No refunds are given for withdrawal from classes. A \$25.00 fee will be assessed for NSF checks.

**Absences:** Credits are not given for missed classes. CORE ELITE will schedule a make-up class if your tumbler misses a class during the session (see "Make-Up Classes" above). Please submit a make-up form to the tumbling manager at least 72 hours prior to the make-up class. Make-up classes are only available to currently enrolled students.

**Private Tumbling Lessons:** *Private tumbling lessons are available only to current Core Elite students – those Core Elite students enrolled in continuous Core Elite tumbling classes. Core Elite instructors cannot hold private tumbling instruction for a person not in a current Core Elite class. Payments for private lessons are due to the instructor prior to the start of instruction.*

## RELEASE OF LIABILITY, WAIVER OF LIABILITY, ASSUMPTION OF RISK OF BODILY INJURY OR DEATH AND INDEMNITY AGREEMENT

(Herein Referred to as "Agreement")

I am a parent/legal guardian of \_\_\_\_\_ (herein "Child"). I want Child to participate in activities with and through Core Elite Tumble & Cheer, Inc. (herein "Core Elite."), including without limitation classes, practices, gymnastics, cheerleading, tumbling, trampolining, competitions, parties, day camps, and travel (herein "Activities"). I understand that participation in any of the Activities involves risk of serious bodily injury, including permanent disability, paralysis, and death (herein "Risks"). I fully understand that these Risks may result from the action or inaction of Child, those of other participants in Activities, the conditions in which the Activities take place, and the negligence of the Releasees identified below. I fully understand that there are Risks not known to me or not readily foreseeable at this time. Yet, I fully accept and assume all Risks and all responsibility for losses, costs, damages, incurred by Child or by me due to participation by Child in any of the Activities. I acknowledge being given an opportunity to know and understand the Risks of each of the Activities and I consent to participation by Child knowing the experience and capabilities of Child. I am aware that if I believe participation by Child in any of the Activities creates an unreasonable risk of injury, I may immediately discontinue participation by Child in any of the activities; and I agree to do so if present.

In consideration of allowing Child to participate in one or more Activities, On behalf of myself, Child, and our respective heirs, successors, assigns, personal representatives, next of kin, and all others acting on my behalf or on behalf of Child, I do hereby: (a) release, discharge, and covenant not to sue Core Elite, its owners, officers, directors, employees, agents, volunteers, other participants, sponsors, lessor and sublessor of the premises at which the Activities take place (collectively referred to as "Releasees" herein) from all liability, claims, demands, losses, damages suffered by Child or by me, whether or not caused or alleged to be caused in whole or in part by the negligence of any of the Releasees or otherwise, including negligent rescue operations and first aid; and (b) waive any and all rights, claims, damages, actions, and causes of action and assume all risks, directly or indirectly related to participation by Child in any of the Activities.

I agree to indemnify and hold each of the Releasees harmless from any loss, liability, damage, attorney's fees, and litigation expenses, resulting from any claim, suit, or cause of action based upon injury to Child caused or allegedly caused in whole or in part by the negligence of any of the Releasees or otherwise, including negligent rescue operations or first aid, should any result notwithstanding this Agreement.

Should any part of this Agreement be null or void, the balance of the Agreement shall remain valid and maintain its full force and effect. I have read this Agreement in its entirety. I understand and agree to it in its entirety. I have signed it voluntarily. I certify that I am 18 years of age or older and under no legal disability that would prevent my execution of this Agreement.

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

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
Signature of Parent/Guardian