**Team & Financial Consent**



NON-REFUNDABLE & NON-TRANSFERABLE

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I acknowledge that I have received a copy of this contract at the time of execution and have read and understand the same. I further understand that the payment and the fee is not contingent on whether or not I attend classes/practices, providing the same is offered for the use and enjoyment of the named enrollee. I fully understand in the case that the competitive season ends before the final installment of payment is due, the balance must still be paid in its entirety.

Participating in cheerleading activities involves physical motion, rotation and height in a unique environment and as such, carries with it a reasonable assumption of risk on the parts of the participants.

Signing this consent form attests to the fact that I know, understand and appreciate the foreseeable risk involved in cheerleader activities and that I voluntarily accept these risks. I hereby indemnify and hold harmless ALSTARZ cheerleading Academy, Inc., its employees, assigns, agents and students from any and all claims, actions, liabilities or expenses cause by or resulting from my participation at ALSTARZ. I attest that while participating at ALSTARZ, I will not attempt any motion or stunt or tumbling skill which is not in compliance with safety standards of the American Association of Cheerleading Coaches and Advisors. I will not attempt anything in which I am not properly trained or physically capable of safely completing.

Please Fill l in Tuition Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Fill in Competition Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

For office Use Only: Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_