



Where LEARNING & FUN become ONE!

# Cheerleading & Tumbling Training Center



222 Mill Street Greenwich CT 06830 (203) 531-ZONE

## 2021/2022 Team Registration Form

Last Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(in case of Medical emergency and a parent in not present at the time.)*

2<sup>nd</sup> Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(in case of Medical emergency and a parent in not present at the time.)*

3<sup>rd</sup> Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(in case of Medical emergency and a parent in not present at the time.)*

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father's Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In case of an emergency, please call: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security code: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa MC Amex

*(Required) (see reverse side)*

### All-Star Fees:

All monthly tuition will be billed in 11 monthly payments and according to the team the athlete is on. Fees which is inclusive of competition fees, coaches' fees, administrative fees and choreography fees will be billed in accordance to the schedule in the All-Star Handbook. Practice wear, sneakers, membership fee, uniform, and warm ups (if applicable) are bill separately and are due according to the schedule in our all-star handbook.

**See reverse side - Medical information is needed on the back.**

As a parent or guardian of the student, I hereby give permission for my child to participate in Spirit Zone Too. I understand that in any activity, such as cheerleading or tumbling, there is an inherent risk, in which minor, serious or catastrophic injuries including death can occur. I acknowledge and understand these risks involved for my daughter/son to participate in this activity and I assume those risks. I further agree to hold harmless, the Spirit Zone Too and Connecticut Spirit Association, Inc., its affiliates, coaches, students, and all associated officers for any injury or sickness sustained as a result of my daughter's/son's participation in this activity.

Your further acknowledge and agree that: (1) you are registering the participant for teams or classes and agree to make the payments as set forth in this agreement; (2) you and the student will faithfully comply with all rules and regulations of the association; (3) failure to complete or attend the classes does no relieve you of your obligation to pay the tuition in full; (4) a late payment fee of \$50.00 will be charged against any payment not received within 5 days of its respective due date; (5) all expenses associated with collecting your past due balance owed to Spirit Zone Too will be assumed by you (i.e. attorney fees, collection agency); (6) a \$50.00 fee will be assessed against all returned checks; (7) there is no refund of any payments after the first practice has started; (8) there is no refund of annual tuition paid in advance unless documented by a physician that the athlete can no longer participate in the program; (9) registration fees are non-refundable; (10) the association may use my and/or the student's name, picture or likeness in any advertisement or promotion for the association in any form.

The Spirit Zone Too suggests that all participants in our programs have a physical exam or a discussion with their physician prior to physical activity. Please advise us in writing if the participant suffers from allergies, asthma or any ailments, which may impair their ability, otherwise you are representing to us that the participant is physically fit to participate in our programs. In the event that you cannot be reached in an emergency, you hereby give permission to your family physician, any local physician, or hospital and to Spirit Zone Too to administer emergency treatment to your child.

### Spirit All-Stars Too Policies

- 1. Team Fees** are nonrefundable unless participation has ceased due to a medical concern. Only after receiving a doctor's note will fees be refunded.
- 2. Team Monthly Fees** are based on the athlete's team placement over an 11-month period and are to be paid on the 1st of every month. A **\$50.00 late fee** will be charged for any payments not received by the 5th of every month. Payments not received by the 5th of the month will automatically be billed to your credit card. Multiple sibling team members received a month's tuition free. Team tuition is based on a competitive season which runs 12 months a year. No deductions may be made for missed practices or cancellations.
- 3. Fee's & Payment Reimbursements:** In the event of a competition cancelation by the event host, Spirit Too LLC will credit any reimbursements made from the event sponsor upon receipt of refund within 14 days.

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred or recruited by: \_\_\_\_\_

How did you hear about us? Internet Email Newspaper Flyer Mailer Phonebook Friend Other: \_\_\_\_\_

### MEDICAL INFORMATION

(Required)

Physician: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Medical Insurance Carrier: \_\_\_\_\_

Name of Insured (Parent/Guardian): \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Ins. Co. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ City: \_\_\_\_\_

