



Elite Registration & Medical Release Form

Elite Fitness Academy Inc.

Anniversary Date _____

Name _____ Birthdate _____ Age _____

Address _____

Parent/Guardian Name _____

Email Address: _____

Home Phone _____ Cell Phone _____ Emergency Contact _____

Other Siblings in program _____ Program Day(s) & Time _____

Please state any Medical/Personal Issues _____

Consent and Insurance Waiver:

I the parent/guardian for the above named athlete hereby give my approval in his/her participation in any and all activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities: and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Elite Power Tumbling Academy, the organizers, sponsors, supervisors, participants, staff, personal and persons transporting my/ our child to or from activities, any claims arising out of any injury to my/our child. I agree to abide by rules and regulations of the Elite Tumbling Academy.

Photo Release: I give my permission to have any pictures or videos of my child used on our website and or promotional materials.

I/We the undersigned hereby certify that I (we) are the parent or guardian of the child. I hereby give permission to the staff of the Elite Power Tumbling Academy to seek appropriate medical treatment for my child in the event of accidental injury, or illness. I (we) will be responsible for any and all costs of medical treatment.

I/We the undersigned for ourselves and as the guardian's of _____ (child's name) understand that cheerleading, tumbling, sports agility is an active, physical sport, and that injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in such activities.

I/We also understand that it is my/our responsibility in caring for the child listed above and to be assured that he/she is fully capable of engaging in this sport's activity, and I/We are confident that he/she is able to engage in such a sport.

By signing below, you agree to the Consent and Insurance Waiver.

Parent/Guardian Signature _____ Date _____

Above all and including; Classes, Open Gyms, Special Invites, Over Nighters, Events, Parades, Shows, Trampoline, Transport, and Competitions that my child may attend and/or participate in.

REC Policies and Procedures

1. Payment MUST be CC on File or 3 MONTHS TUITION PAID UP FRONT

2. \$100 REGISTRATION FEE IS DUE AUGUST 1st (each year) for Ages 5 and UP, if start after August 1st the REG Fees are prorated and due at time of sign up. Cost is \$8.33 per month

REGS FEES BREAKDOWN:

12 Months \$100, 11 Months \$91.63, 10 Months \$83.33, 9 Months \$74.97, 8 Months \$66.64, 7 Months \$58.31, 6 Months \$49.98, 5 Months \$41.65, 4 Months \$33.32, 3 Months \$24.99, 2 Months \$16.66 and 1 Month \$8.33

3. A 30 Day Notice IS Required and Written FORM at Gym is to be filled out and turned into one of the payment boxes. If give 30 Day notice if given after the 15th of the month next month billing cycle will be charged then the following month payments will stop. If no 30-day notice is given payments will still be taken out until proper written withdrawel form is turned in.

4. Tuition is due the 15th of each month. If late a \$20 late fee applies. If your card on file changes it is your responsibility to fill out new form and turn into gym

5. MAKEUPS: Only happens if Gym cxl class for weather etc. or Athlete becomes injured or ill but must have DOCTORS note to be able to get makeups, this does not include the scheduled 3 weeks per year GYM Closes for Vacation as some months there is 5 weeks per month. Makeups will be given in forms of OPEN GYMS. If a child has an injury more than 3 weeks with Doctors note payments will stop until further notice from you the parent.

6. Effective January 20, 2020 All Recreational Program Students will be required to participate in yearly Recital or Buyout Option of \$75.00 not to participate due by Recital deadline

Parents Signature: _____ Date _____

Gym Employee: _____ Date _____

AUTHORIZATION FOR AUTO PAYMENT
CLIENT INFORMATION

PARENTS NAME _____

ATHLETES NAME ON ACCOUNT _____

CLASS _____ DAY _____ TUITION _____ REGS FEE _____

DATE TODAY _____ SEASON _____

PAYMENT SOURCE: **CIRLE ONE:** **CC** **OR** **Check 3 Months**

PAYMENT INSTRUCTIONS

DESCRIPTION:

This is an Auotmatic Withdrawl EFT will be taken out of the \$_____ of each month. Using the information below, to Elite Fitness Academy Inc.

I, _____ authorize Elite Fitness
(please print)

Academy Inc. as payment of our monthly tuition in the amount of _____.

If I decide to stop withdrawals, I will fill out the appropriate "athlete withdrawal form" at least but no later than **30 days prior to having these transactions cancelled.**

If my card was declined I will be charged an additional \$20.00 late fee once the charge is successful. **Regs fee are due August 1st, \$100 per year**, (automatic withdrawel on the 1st of August each year) if start after Aug 1st Regs Fees pro-rated @ \$8.34 per month for remainder of year until Aug 1st.

CREDIT CARD/ DEBIT CARD (PLEASE CIRLCE)

MASTER CARD _____ VISA _____ ZIP CODE _____

NAME ON CARD _____ EMAIL: _____

NUMBER _____

EXP DATE _____ 3 DIGIT CODE _____ PHONE _____

PRINTED NAME _____

SIGNATURE _____



3800/3900 Rive Drive
Moline, IL. 61265
309-716-7767
www.iwantelite.com

Event Name

Acknowledgement of Risk Waiver!

In consideration for participation in activities at Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, I hereby agree as follows:

I understand that participation in Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff activities is risky; and that risks of injury include, without limitation: scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants) for myself, and for my child or ward.

With the full understanding of the risks stated above I, for myself and for my child or ward, hereby release, hold harmless Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, and the owners, officers, directors, and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at this Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff facility.

I agree to reimburse any reasonable attorney's fees and costs that may be incurred by Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, in the defense of any such liability claim, demand, action, or cause of action. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I, for myself and for my child or ward, agree to follow the safety rules of Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, and agree that the failure of myself, my child or my ward to do so may result in expulsion from Elite Tumbling Academy. I approve the use of photographs taken by Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff photographers in which the undersigned is part of to be used on the Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff website or print media.

I agree and understand that this agreement is binding on myself, my child or ward, and their heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian.

<i>Child's Name</i>	<i>Date of Birth</i>

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Address

City

State

Zip Code

Cell Phone Number

Email Address

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
("Agreement")

In consideration of participating in Elite Tumbling Academy or affiliates, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition (or my child) to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of seriously bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases: named below, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation (or child's) in the activity.

I hereby release, discharge, and covenant not to sue Elite Tumbling Academy or affiliates, its owners, respective administrators, directors, agents, officers, volunteers, and employees, other participants, and sponsors, and advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone of my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as a result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, not withstanding, shall continue in full force and effect.

Printed name of participant **age** **birthdate**

Signature of participant **Date**

PARENTAL CONSENT

I, the minors parent and/ or legal guardian, understand the nature of the above referenced activities and the minor(s) experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Releasees, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor(s) account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent reuse operations, and further agree that if, despite this release, I, the minor, or anyone on the minors behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorneys fees, loss liability, or damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of parent/ or legal guardian **Date**

Signature of parent/or legal guardian

Our company is Family Owned and Operated. We are offering tumbling classes ages 2 & up, cheerleading of all ages, and sports/speed/agility for your youth. Our company has been in its business for over 50 years. Our classes are hand-spotted by professional coaches that have either COMPETED themselves as international titles along with national champion titles, or they COACHED our champions.

We provide a WONDERFUL RECREATIONAL PROGRAM with TOP-NOTCH COACHES.

WE offer classes from the VERY beginner to the VERY advanced child. Classes are scheduled as age appropriate first, then skill level second. Within the first month or two, classes should be geared toward LEVEL appropriate and adjustments will be made. This gives our coaches AND families a GREAT STEP FORWARD TO AN AWESOME PROGRAM!

We have a one time yearly registration fee of _____ this is paid yearly. Our monthly dues are _____ for first class + _____ for a second class. These fees are due on the 1st of each month or the first class of each month depending on your location. The date of your yearly registration is considered your anniversary date, and this is when it will be due again the following year. All our programs and classes are on a yearly basis. (meaning, we provide classes all year round.) We do not break for summer. As you have acknowledged or explained: You may need some assistance, _____ which we understand the need for budgeting, as We are a family oriented gym.. We have many opportunities to help you obtain funding for the program.

What we can offer to assist is :

Sponsorship letters that you can take to area businesses, assistance that you could possibly obtain from family members, or we also have fundraising opportunities to assist your needs. If we were to possibly offer your family a percentage off of your classes, then we would need you to provide the necessary documentation of proof of income, etc. for these breaks. For sponsorship and fundraising we can assess and total your yearly fees based on classes being taken and we can figure what you can afford monthly into these amounts and obtain a total balance that you would need to obtain through sponsorship or fundraising for attendance in your classes. Please note that we do not give refunds, so that if you were to forfeit these classes any monies obtained from you personally, through fundraising, or sponsorship would remain with our company for purposes of other students needs, equipment, dues, registrations, etc. If this is something that your family may be in need of or are interested in please let us know!

Name _____	Student name _____
Programs _____	Phone _____
Acknowledgment of participation:	
Signature _____	Date _____

HEALTH HISTORY

Please circle any of the conditions which apply to the history of the participant (s).

Kidney injuries; heart condition or disease; fainting; epilepsy; diabetes, asthma; hearing impairment; wears glasses or contacts; muscle, ligament, tendon condition; previous broken bones or other injuries; allergies. Other.

Explanation _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by Elite Power Tumbling Academy _____ (location) staff to attend my son/daughter (or ward).

ATHLETES RELEASE

Participant(s), in attending the gym and using the facilities, does so at his or her own risk. The gym operator shall not be liable for any damage arising from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises and he or she does hereby fully and forever release and discharge gym operator and all associated gyms, their owners, employees and agents from and all claims, demands, damages, rights of action present or future, resulting from or arising out of the participant's use of the gym and/ or its facilities at any location. Participation is entirely his or her own choice and with the understanding of risk of accidental injury involved in any activity involving unusual motion or height.

If a minor, I acknowledge that my parents or legal guardian know of this request on my part, as well as the injury risk I am assuming.

Sign _____	Sign _____
Parent or Guardian	Participant
Date _____	Date _____

Family Doctor _____ Local Hospital _____

PAYMENT RECORD & AGREEMENT

Name(student) _____ BDay _____

In consideration of instruction provided by Elite Power Tumbling Academy, the undersigned parent or guardian of the student(s) agree to pay:

ELITE TUMBLING ACADEMY _____ **PROGRAM** _____

INSTRUCTOR _____ **LOCATION** _____

The set amount of the session _____. A _____ Yearly registration fee is required from all students. The students session tuition is due monthly (not weekly). Payments received 3 days or later after the 20th of the current mo. will include a \$15 late fee charge. **All scheduled classes are paid on this monthly basis regardless of attendance. Thirty days notification – IN WRITING of a child's withdrawal from class is required for termination of payments. NO REFUNDS WILL BE GIVEN!** Elite Tumbling Academy (or affiliated locations) is/are not responsible for lost or stolen articles. – AUTOMATIC WITHDRAWAL FORM MUST BE ON FILE ON EACH ATHLETE.

Parents signature _____ Date _____

Student Name _____

Elite Tumbling Academy

I. ATTIRE:

- A. GIRLS MUST WEAR A LEOTARD WITHOUT SKIRTS (CAN WEAR STRETCH SHORTS OVER LEOTARD. BOYS MUST WEAR BIKE PANTS OR SHORTS (OR BOTH) AND A TUCKED IN T-SHIRT. NO BUTTONS OR ZIPPERS.**
- B. NO JEWELRY, WATCHES OR WRISTBANDS**
- C. HAIR, INCLUDING BANGS MUST BE PULLED BACK WITH ELASTIC-NO ORNAMENTAL RIBBONS OR CLIPS.**

II. BEFORE CLASS:

- A. ARRIVE FOR CLASS 5-10 MINUTES EARLY.**
- B. CALL WITH CANCELLATIONS**
- C. PLACE ALL PERSONAL ITEMS NEATLY IN DESIGNATED AREAS. ELITE TUMBLING ACADEMY IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.**
- D. NO FOOD OR DRINK IS ALLOWED IN THE GYM AREA BY ANYONE INCLUDING PARENTS & SIBLINGS.**
- E. REMIND YOUR CHILD TO STAY IN LINE AND LISTEN TO THE COACHES.**

III. DURING CLASS:

- A. NO ONE IS ALLOWED ON THE FLOOR EXCEPT FOR COACHES & STUDENTS DURING CLASSES.**
- B. THERE MUST BE A COACH NEAR THE EQUIPMENT TO BE ABLE TO USE THE EQUIPMENT.**
- C. NO HORSEPLAY OR RUNNING AROUND EQUIPMENT.**
- D. ONLY ONE PERSON ON THE EQUIPMENT AT A TIME.**
- E. STOP, LOOK & LISTEN BEFORE CROSSING AN AREA DURING CLASS TIME.**
- F. TELL A COACH IF YOU DO NOT FEEL WELL OR TAKING ANY MEDICATIONS.**
- G. HAVE YOUR CHILD GO TO THE BATHROOM BEFORE CLASS. INFORM A COACH IF YOU NEED TO USE THE BATHROOM DURING CLASS.**
- H. No slander, rudeness, bullying, or inappropriate behavior will be Tolerated by ANYONE!!**

**PARENTS ARE ALLOWED TO VIEW DURING CLASS SESSION FROM DESIGNATED AREAS.
THESE GUIDELINES ARE FOR YOUR PROTECTION.
THANK YOU FOR YOUR COOPERATION!
LETS TUMBLE!**

PARENTS COPY

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