

Office Use Only:
 Date Stamp: _____
 \$75.00 Late Fee: Y or N



Epic Cheer Registration Form 2019-2020

\$45 Registration Fee

To avoid \$75 late fee, you must register for All Star Stampede & Mavericks by 5/10/19 and Mini and Youth by 7/1/19.

In-District / Out-Of-District

Parent First Name: _____ Parent Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Relationship: _____
 (In case parent/guardian cannot be reached)

E-mail (Please print clearly): _____
 Please be sure to have your most current and active e-mail. Email will be used to send out important cheer updates.

Activity #	Sec. #	Program Name	Participants' First Name	Participant's Last Name	Sex (M/F)	Birth Date	Grade 2019-2020
205255	01	All Star Stampede					
205255	02	All Star Mavericks					
POS 701-02	N/A	Uniform Fee (does not include shoes) \$330.00 <i>New cheerleaders Only</i>					

Activity #	Sec. #	Program Name	Participants' First Name	Participant's Last Name	Sex (M/F)	Birth Date	Grade 2019-2020
205253	01	Mini Colts (6-8 yrs.)					
205253	02	Youth Ponies (9-11 yrs.)					
205253	03	Junior Mustangs (10-14 yrs.)					
POS 701-01	N/A	Uniform Fee \$135.00 <i>New cheerleaders Only</i>					
POS 701-11	N/A	Bow Only \$15.00 <i>Returning Cheerleaders Only</i>					

Uniform Payment & EFT Registration Authorization:

All payments for Epic are charged via monthly EFT on a credit card

UNIFORM PAYMENT INFORMATION:

Do you require a new Full Uniform for the 2019/2020 Season*: YES or No (If yes, please mark payment below)

***All Star Stampede & Mavericks:** All returning Stampede/Maverick cheerleaders require a new bow and shoes. Your card will automatically be charged for this fee unless you include cash or check attached to this registration form.

All Mini & Youth returning cheerleaders who do not require a new uniform will be charged a \$15 bow fee at the time of registration.

Payment for Uniform (includes bow): CASH CHECK #: _____ CREDIT (see below)

Payment for Bow Only: CASH CHECK #: _____ CREDIT (see below)

Payment for Bow/Shoe (Stampede/Mavericks): CASH CHECK #: _____ CREDIT (see below)

EFT/CREDIT CARD INFO:

A Non-Refundable \$45 Registration Fee and Uniform/Bow Fee (see above) will be charged upon submitting this Registration Form.

A \$75 late fee will be charged if you register after 5/10/19 for Stampede and Mavericks and after 7/01/19 for Colts and Ponies. Monthly EFT payments are not deducted until 6/01/19 for Stampede and Mavericks and 9/1/19 for Colts

Credit Card: MasterCard Visa Discover

Name on Credit Card: _____

Credit Card Number:

4- Digit Expiration Date: /

Amount Charged Per Month via EFT:

\$260/\$279 x 11 months for All Stars Stampede & Mavericks

\$115/\$125 x 8 months for All Star Prep- Mini Colts, Youth Ponies & Jr. Mustangs

This form authorizes the Barrington Park District's administration to charge the monthly EFT Cheer tuition, due, for the above named child(ren), on a monthly basis, to the above indicated credit card starting upon turning in this registration and then on the 1st of each consecutive month.

A \$25 late fee applies if payment is declined and not paid by the 15th of the month.

Authorized Signature: _____ Date: _____

Please See Next Page(s) for Waiver and Financial Agreement. Must be signed in order to participate in Epic Cheer.

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Program: Epic Cheerleading – Barrington Park District
Squad (circle one): Stampede Mavericks Colts (Mini) Ponies (Youth) Mustangs (Junior)

Location: Barrington Park District, 235 Lions Drive, Barrington, IL 60010

Participant's Name (please print): _____ Date: _____

Participant's Phone Number: _____

Please read this form carefully and be aware that in signing up and participating in the above program, you will be waiving and releasing all claims for injuries arising out of this program, that you or the above participant might sustain. The terms "I", "me" and "my" also refer to the parents or guardians as well as the participants in the program. In registering for the program you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss that I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Barrington Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the Barrington Park District and any and all other released parties from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with, my conduct and the activities of the program.

I further understand and agree that the terms such as "participation", "program" and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instruction or supervision, the use and adjustment of any and all machinery, equipment and apparatus and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

ADDITIONAL WARNINGS FOR AEROBICS ACTIVITIES: Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries.

BARRINGTON PARK DISTRICT – PHOTO RELEASE: I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of Barrington Park District.

I have read and fully understand the above risk warnings of the program. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants, and I fully accept the risk of injury.

Signature of Parent or Guardian

Date

Participation will be denied if the signature of the parent/guardian or adult participant and date are not on this waiver. DO NOT CUT OR ALTER WAIVER IN ANY WAY

Financial Agreement

Please read carefully and initial next to each of the items followed by your signature and date.

___ I understand and agree that monthly tuition payments are due on the 1st of the month.

___ I understand that there are no refunds or pro-rating of any fees for any reason other than medical accompanied by a doctor's note.

___ Additional practices may be added prior to competitions. I understand there is no additional charge for additional practices.

___ Practices may be cancelled due to holidays, competitions, or inclement weather and no refunds will be given.

___ I understand that I am required to put a Debit/CC on file for tuition charges.

___ I understand that I am subject to a late fee charge of \$25.00 after the 15th of the designated month. Excessive tardiness in payments will be grounds for my child not competing.

___ In the event that an athlete must resign from a team, by signing this contract; I am solely responsible for tuition fees and that all fees are non-refundable and non-transferrable.

___ I understand that my uniform WILL NOT be ordered until I pay in full. I also understand that my uniform is custom made and therefore cannot be cancelled once ordered through the third party vendor. I understand that if my athlete chooses to leave the time after my uniform has been ordered, Epic will contact me to pick up the uniform, but Epic is not responsible for selling my uniform.

I understand and agree to the above financial policy.

Parent/Guardian Signature _____ **Date:** _____