

2021-2022 AUTO DEBIT AUTHORIZATION FORM

I have read and understood the financial policies of Evolution All Stars, LLC. I am authorized to sign on the account listed below. I certify that all the information below is complete and accurate. I hereby authorize Evolution All Stars, LLC. to collect payment for fees due by processing a debit to the account listed below on the first of each month or if payment has not been received by the 5th of the month. I understand that if the debit should be returned, a \$25.00 returned item fee would be assessed.

Payment can also be accepted via Zelle, Popmoney, or directly from your web banking institution.

I, _____, authorize Evolution All Stars, LLC. to charge my credit card or debit card account indicated below in accordance with the Terms and Conditions of Registration.

Athlete's Full Name: _____

Name as it appears on the card: _____

Type of Card: Visa MasterCard AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Last three/four digits on back of your card "CCV": _____ Billing Zip Code: _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

Signature: _____ Date: _____

Evolution All Stars will keep all information entered on this form strictly confidential and secured at all times. All Credit Card Transactions will be charged an extra 5% for every credit card transaction.

For Official Use Only

Example:
\$100 @ 5% =
\$5 per every
\$100
transaction

Try-Out-Fee	
Registration May-21	
June-21	
July-21	
August-21	
September-21	
October-21	
November-21	
December-21	
January-22	
February-22	
March-22	
April-22	



PARENT & ATHLETE CODE OF CONDUCT

In the gym athletes and parents are expected to follow certain guidelines to help us make the best learning atmosphere possible. **WINNING IS DOING OUR VERY BEST NOT JUST FIRST PLACE!!!**

- ❖ ONLY registered athletes are allowed inside the gym area.
- ❖ Cell phones must be left outside of the practice area.
- ❖ Evolution All-Stars is not responsible for any personal items lost or stolen.
- ❖ I understand that all athletes are required to wear the appropriate practice attire to every practice. Hair up and proper shoes to each practice.
- ❖ I will not participate in any negative “hearsay” that may impact Evolution All Stars.
- ❖ I will not use the Evolution All Stars name in any type of negative representation on any form of Social Media including the Group Chats (i.e. Facebook, Twitter, Instagram, Blog, TikTok, tc.)
- ❖ As a parent, I will not hold or threaten to hold my child from practice or competition as a form of punishment.
- ❖ I will conduct myself with respect and integrity, displaying positive sportsmanship at all times.
- ❖ I will not use inappropriate language.
- ❖ I understand it is sometimes necessary for athletes to be moved from one team to another.
- ❖ I understand that the parent viewing area should be a positive atmosphere.
- ❖ I understand that this is a ONE YEAR commitment for the season, I will honor my commitment. If the season is extended due to obtaining a BID, you and your athlete must remain committed until the season ends.
- ❖ I understand that if I quit and or I am removed from the program, I will not be entitled to a refund of any kind. Parent(s) and or Legal Guardian(s) is responsible for any balance due at the time of quitting and or removed from the program.
- ❖ All athletes and parents must submit proper information during registration period to Evolution All Stars and check emails, Group Chat(s) daily for any and all updates. There is no excuse for being unaware or irresponsible when the information has been provided in full detail.
- ❖ NO FOOD NOR GUM are allowed in the gym!
- ❖ Absolutely **NO JEWELRY** allowed during practice or competitions.
- ❖ All injuries must be reported to the coach immediately. A doctor’s clearance will be required after any injury before returning to practice.
- ❖ Absolutely NO possession/Consumption of alcoholic beverages, any illegal drug or controlled substance at any event are allowed.

Disclaimer:

At Evolution, we always discourage negative use of the Internet or any type of negative verbal behavior. Our staff always expects our families to practice the same at home. However, one chooses to monitor or enforce this to each owns discretion. Our Staff enforces a Zero Tolerance Policy for any type of negative behavior from our athletes, families, and/or visiting friends. With all of this being said, Evolution will NOT take, nor should we be expected to take responsibility for any personal issues outside of the gym. Our staff will NOT entertain them. Any outside issues should be addressed accordingly, and EVOLUTION and/or the GYM should not be used as a foundation for any outside issues.

Athlete Initials

Date

Parent Signature

Parent Initials

Date



2021-2022 REGISTRATION FORM

Copy of Birth
Certificate is
required for
NEW ATHLETES

Athlete's Name: _____ D.O.B. ____/____/____

Billing Address: _____ City: _____ Zip Code: _____

Phone: _____ School: _____

Email Address: _____

Mother's Name: _____ Work: _____ Cell: _____

Father's Name: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Medical Release and Policy Acknowledgment

I, parent or legal guardian of the above named Athlete hereafter referred to as "student"; do hereby permit the "student" to participate in gymnastics, tumbling, cheerleading, or any other physical activities while a student at Evolution All Stars, LLC hereafter referred to as "EAS". By granting permission for the "student" to participate in programs at "EAS", I assume full responsibility for "student's" personal safety and release "EAS", its supervisors and employees from any and all liabilities that may arise due to any injury including death to "student" by reason of the "student's" participation in any activity at "EAS" or in which "EAS" is participating elsewhere.

I understand there is a personal risk in any activity that involves motion, height or rotation and that these activities can result in serious injury and disability, or death.

I declare the "student" has been seen by a physician and is cleared to participate in physical activated such as gymnastics, cheerleading and tumbling.

I understand that all monthly tuitions at "EAS" are due the 1st of each month. I understand that it is my responsibility to make sure "EAS" receives my full monthly tuition including any unpaid balance on my account on or before the 10th day of the month or I will be charged a \$20.00 late fee.

I understand that I must pay an annual registration fee of \$45.00 to enroll in any activities at "EAS"

I understand any payment for my account to "EAS" returned unpaid for any reason will incur a \$30.00 fee, and I understand "EAS" does not refund tuition and or registration fees for any reason.

I have read, understood and executed this release and acknowledgment:

Signature: _____ Date: _____



2021-2022 EVOLUTION ALL-STARS RELEASE FORM

Athlete's Name: _____ Today's Date: _____

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

Home Phone#: _____ Birthdate: ____/____/____ Age: _____

Mother's Name: _____ Work: _____ Cell: _____

Father's Name: _____ Work: _____ Cell: _____

In case of an emergency, contact (other than parent or guardian): _____

Relationship: _____ Phone: _____

I, the parent or legal guardian of the child named above, do hereby grant permission for my son/daughter _____ to participate in classes and activities conducted by Evolution All Stars. I hereby authorize Evolution All Stars, its directors, coaches, or other representatives, to obtain medical treatment for the above name's child in the event of a medical emergency. I hereby hold harmless Evolution All Stars, LLC as well as the authority, and agree to indemnify Evolution All Stars and all persons for any liability, expense, and cost incurred by them in the exercise of such authority.

I understand that participation in dance and cheerleading classes, sessions, or other activities involves a possibility of physical injury. (Minimal, serious, or catastrophic). Knowing the risks of such participation, I acknowledge and agree that my son/daughter is assuming the risk of such physical injury by his/her participation and, on behalf of him/her, I hereby release, discharge, and hold blameless Evolution All Stars, as well as all employees, from any and all claims for personal injury that may arise from or relate to my son/daughter's participation in Evolution All Stars classes, sessions, or activities.

In addition to the above authorizations, I hereby grant my permission to qualified physicians and medical personnel to administer immediate treatment to my son/daughter should he/she become ill or injured.

Parent's Signature: _____ Date: _____

Parent's Name: _____ (Please Print)

Insurance Carrier Co: _____ Policy #: _____

Physician: _____ Phone #: _____

Allergies: _____

Current Medications: _____ Other Pertinent Medical Issues: _____

Notary's Seal:

Notary's Signature: _____

