



Dynamic Cheer Registration Form

Must be turned in to try out for Dynamic Cheer

Student's Name: _____ M/F Age _____ D.O.B. _____ T-Shirt Size: YS YM YL AS AM AL

Billing Address: _____ City: _____ Zip Code: _____

Phone: _____ School: _____ Billing Email Address: _____

Tuition payment will be charged on the 1st of each month

Monthly Tuition Payment Type: VISA MC DIS

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

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

Emergency Contact: _____ Phone: _____

Medical Information: Physical / Psychological Limitations / Allergies _____

Medical Release and Dynamic Cheer, LLC Policy Acknowledgment

Medical Release

I, the parent or legal guardian of the above named student(s) 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 Dynamic Cheer, LLC. Hereafter referred to as "DC". By granting permission for student to participate in programs at DC, I assume full responsibility for student's personal safety and release DC, its supervisors and employees from any and all liabilities that may arise due to any injury including death to student by reason of student's participation in any activity at DC or in which DC is participating elsewhere. I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death. I declare the student has been seen by a physician and is cleared to participate in physical activities such as gymnastics, cheerleading, and tumbling.

Payments

_____ **Initial**

I understand the first and last month's tuition will be required to be paid in full when registering for activities at DC. I understand that I must give 30 day written notice in advance of dropping any class/activity at DC. Furthermore, I understand that if I do not provide DC at least 30 days written notice before dropping a class/activity at DC, my last month's tuition deposit will be forfeited. I understand tuition is not prorated due to absences or holidays. Make-up classes are available. Make-up classes are by reservation and student must be currently enrolled in the program. I understand all monthly tuitions at DC are due the 1st day of each month. I understand it is my responsibility to make sure DC receives my full monthly tuition including any unpaid balance on my account on or before the 10th day of the month. I understand I will be charged a \$25.00 late fee if my account is not paid by the 10th day of the month. If tuition is not paid by the 10th, I understand DC will charge my credit card on file for monthly tuition plus late fees. If the credit card on file is declined, I understand the student may be withheld from participating in activities at DC. I understand I must pay an annual registration fee of \$50.00 for the first student and \$30 for each additional student, to enroll in any activities at DC. I understand that if I elect to pre-pay tuition refund will only be given in the form of gym credit, no cash refunds. I understand that student is to wear proper attire. I understand any payment on my account returned unpaid for any reason will incur a \$25.00 bank fee and a \$20.00 late fee. I understand DC does not refund tuition for ANY REASON. I give DC permission to use any picture or video of the student taken at DC on their website or marketing material. DC reserves the right to change/alter/modify this form where deems fit.

I have read, understand and execute this release and acknowledgment.

Print Name: _____ **Signature:** _____ **Date:** _____