

South Elite Participation Waiver

South Elite All-Stars
26321 165th Place SE
Covington, WA 98042

Director: <i>Kim Kawachi</i>		First Class:	
Office Phone: 253-631-7930		Account #:	
First Name:	Middle:	Last Name:	
Street:	City:	State:	Zip Code:
Phone Number:	Birthdate:	Email Address:	

Parent or Guardian:	Phone #:	Cell #:
Emergency Contact:	Phone#:	Relationship:
Health Provider:	Phone #:	Policy #:
Health Concerns:		
How did you hear about us?		

Permission and Notification of Risk:

The above named participant has my permission to attend and participate in the South Elite All-Star program. I confirm that to the best of my knowledge, my child is in good health and is fit to participate in all cheer related activities and is free from any medical condition that would limit his/her activity. I understand that there is inherent danger and a resulting possibility of injury, may be occurred during my child's participation. Like any other athletic activity involving motion, rotation, or height, there is the possibility and risk of injury. Paralysis or even death can result from landing improperly on your head, neck, or back.

Waiver and Assumption:

Inconsideration of the acceptance of this registration to participate in the South Elite All-Stars program, I for myself, executors, administrators and assigns, waive, release and discharge any and all rights and claims for damages against South Elite All-Stars, current facility of operations, and the directors, employees and agents of the program, for all claims arising or resulting from participation in said programs. I attest and verify that I have knowledge of the risks involved in these programs and I will assume those risks for the participant registered above.

Consent to Medical Care and Treatment for a Minor:

I hereby authorize South Elite All-Stars or any employee thereof to call any medical or other emergency personnel and/or arrange for medical treatment, including diagnostic, hospital or surgical procedures as may be prescribed or performed by a treating physician for the above named participant, if I cannot be reached in the case of any emergency. This consent includes, but not limited to, examinations, tests, medical treatment, administration of necessary anaesthetics, transfusions, or drugs and the performing of whatever operations may be deemed necessary or advisable. It is understood this authorization if given in advance of any specific diagnosis, the undersigned with notice to treating physician and hospital, or until the undersigned void their signature heron. Attempts will be made to contact the parent/guardian prior to medical treatment.

Tuition and other Payments:

I UNDERSTAND that tuition is to be paid on or before the first practice of each beginning new session. Tuition not paid by your second practice of the session may be assessed a late charge of \$15.00. Participants who attend a class during a session will be required to pay the full session tuition unless otherwise informed. Sessions are billed in 4-week segments with few exceptions noted in schedules. Participants remain enrolled session to session; a week advanced written notification before the end of the session is required to discontinue practices and in order to not be billed for the next session. For any participant whose tuition or other fees are not received by the 15th of the month, their enrolment may be discontinued. There is NO PRORATING FOR MISSED CLASSES and NO REFUNDS, unless otherwise arranged by the South Elite Owner. In addition, if participant is a minor, as legal guardian of the above participant, I understand that all Tuition and South Elite related expenses incurred by the participant, while a minor, are my sole responsibility, until the time this contract is terminated.

Signature of Parent/Guardian

Check Number

Date