

FIERCE ALLSTARS/FIERCE CHEER SPONSORS,INC
2023-2024 REQUIREMENTS

1. Review Parent Packet
2. Review Financial Obligation
3. Complete 2023-2024 Registration form.
4. Obtain Physical form, complete and return by 9/1/2023.
5. Provide copy of birth certificate.
6. Select payment option.
7. Select date to attend mandatory parent meeting.

IMPORTANT DATES

Select evaluation date to attend – May 20th or June 10th

Team Placements- Week of June 19th

1st Installment Due- Due at first practice regardless of when you start.

2nd Installment Due- August 15th (if payment option #2 selected).

Uniform Payment Due- September 15th

Monthly tuition Due- 11th of every month.

Register with USASF by 9/1/2023.

FIERCE ALLSTARS/FIERCE CHEER SPONSORS, INC

2023-2024 REGISTRATION

Please complete this form completely

	Child #1	Child #2	Child #3
Athlete First Name			
Athlete's Last Name			
Date of Birth			
Athlete Cell:			
Grade/ School for 23-24 school year			
T-Shirt Size Youth or Adult			

Parent (1):	
Cell Phone:	Cell Phone Provider:
Email:	
Parent (2):	
Cell Phone:	Cell Phone Provider:
Email:	
Emergency Contact & #:	
Who does child reside with?	

	Child #1	Child#2	Child #3
Please list allergies/medical conditions/ health concerns			
Athlete can take: (Please circle)	Tylenol Advil Benadryl	Tylenol Advil Benadryl	Tylenol Advil Benadryl
Does child use an inhaler?	Yes No	Yes No	Yes No

2023-2024 WAIVER/RELEASE:

Medical Release: I certify that my athlete is physically capable and able to fulfill requirements needed to be a cheerleader. I understand this form legally releases all obligations and responsibilities for the medical treatment of my child in the event of illness or injury during any team related activity when either parent/legal guardian cannot be reached. If there is a physical or medical reason why he/she should not participate fully, the organization/gym requires a doctor's medical release. Furthermore, the organization/gym is not liable for any injury incurred during cheerleading functions. In the event an emergency occurring while my son/daughter is involved in a Fierce Cheer Sponsors, Inc. sponsored practice, competition, event, or trip, I grant my permission the organization and staff to take whatever action is necessary. In the event that I cannot be reached, I hereby authorize the staff to give consent for my son/daughter to receive medical treatment.

_____ Parent Initials

Liability Release: I, parent or legal guardian, of the above mentioned child/children hereby give approval for his/her participation, and do hereby waive, release, absolve, indemnify and agree to hold harmless Fierce Cheer Sponsors, Inc., coaches, board members and volunteers. I am fully aware that All Star Cheerleading can be an extremely dangerous sport and could result in serious injury or death of above stated child. _____

Parent Initials

Photography/Media Release: I understand that photos and videos may be taken of my child at practice, performances, events, competitions, etc. and I give Fierce Cheer Sponsors, Inc. permission for said photos and videos to be used in marketing and promotional use. _____

Financial: I understand that once I am enrolled in a team, class, or private lessons, that I am responsible for payment and the no refund policy.

- I understand the financial obligation is for the entire 23-24 season.
- I understand there is a \$400 inconvenience fee if my athlete quits.
- I understand I forfeit any monies paid, if I chose to leave, decline a position on a team, or I am asked to leave the program.
- _____ Parent Initials

Handbook Review: I understand that I am responsible to review the Parent Packet and the Financial Obligation Packet and understand I need to abide by all guidelines and requirements. _____

Physical Form: I will complete the required form and have my child's physician complete it. _____

Additional Requirements: I understand as a parent that I MUST attend a Parents Meeting prior to the season starting if my child is to participate in All Star Cheer for the 2023-3024 season. _____

COVID-19: I understand that Fierce AllStars attempts to take all necessary precautions to prevent the spread of COVID19. I agree not to bring my child to the facility for classes if he/she has been exposed to anyone with COVID19 or if he/she is displaying flu like symptoms. We agree to abide by all restrictions that have been outlined. _____

Parent/Legal Guardian Signature: _____ Date: _____

Payment Option: #1 #2

Information & Waiver Form	Date returned:
Payment Option Selected	#1
	#2