



AACS REGISTRATION FORM

Cheerleader's Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Shoe Size: _____ Shirt Size: _____ Short Size: _____

Home Phone: _____ Cell Phone: _____ Cheerleader Cell: _____

Parent Email: _____ Cheerleader Email: _____

Address: _____ City _____ State _____ Zip Code _____

Mother's Name: _____ Father's Name: _____

Emergency Contact and Phone: _____

Referred by: Friend Yellow Pages Ad/Newspaper Flyer Other: _____

Competitive Cheer Program: You will pay the first month and then we auto deducted from a checking acct on the 26th of each month. Please provide a voided check for future deducts.

2-2 1/2 hours a week (\$100 per month) _____ 3 hours a week (\$120 per month) _____

4 -5 hours a week (\$150 per month) _____

Extra - Tumbling & Jumps classes are offered for competitive all stars at a discounted rate (\$45 per month) _____

1/2 hr privates (\$25 per half hour) _____ Shared 1/2 hr privates (\$40 per half hour) _____

1/2 hr coed Stunt Privates are \$50 per half hour _____

Non-Competitive Cheer Program: You will pay by the session.

1 hr Basic Cheer Class (\$50 per month) _____

1 hr Tumbling & Jumps Class (\$50 per month) _____

1 1/2 hr Combination Cheer- includes cheer motions, dance, tumbling, jumps, and more. (\$80 per month) _____

1/2 hr privates (\$25 per half hour) _____ Shared 1/2 hr privates (\$40 per half hour) _____

Release

I agree that All American Cheer & Stunt, LLC. Along with the employee's agents, officers, and directors of this organization shall not be liable for any injuries, losses, or damages occurring as a result of intentional or reckless conduct of the organization or individuals identified above, and I hereby waive and release any all claims which may be made against All American Cheer & Stunt. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as other damages associated with participation.

As legal parent or guardian of this participant, I hereby verify by signing that I fully understand and accept each of the above conditions for permitting my child to participate in cheerleading and or other classes listed above while under the staff and direction of All American Cheer & Stunt.

Signature of Parent or Guardian _____

Date _____

I agree to allow All American Cheer & Stunt to deduct from my checking or savings account on the 26th of each month. I also agree to give All American Cheer & Stunt a 2 week notice in the event I want to stop my deductions.

Signature of Parent or Guardian _____

Date _____

For Office Use Only: Start Date: _____ Class or Team Day _____ Time _____