

| Athletes Name | |
|----------------------|--|
| Auneus Name | |

| Please in | nitial in | the | box | by | each | 66 T | understand" |
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| | Parent/Legal Guardian Signature Date |
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| ٠ | Any and all questions I have regarding the contract have been answered to my satisfaction and "I agree" to the contract that I am reading. |
| | Therefore, I agree that monies paid for installments earlier in the season may not be credited or applied towards upcoming installments should we leave Premier Athletics. |
| | I understand that the installments I am paying cover competition fees, music, choreography, skills camp, coaches' fees, and any other fees listed in Premier Athletics All Star packet. |
| | I understand to promote good sportsmanship at all times and that consistent negative conversation will not tolerated. If it becomes a detriment to team unity and chemistry the athlete and/or parent will either be dismissed from the program or told not to attend practices. |
| | I understand that my athlete may not be allowed to compete if they miss a practice the weekend and/or the week prior to a competition and that we will not be refunded for the competition fees. |
| | I understand to the attendance policy in the Premier Athletics All Star packet, and fully understand that my athlete can and will be removed from the team if that policy is violated. |
| | I understand that there are no refunds should my athlete quit or be removed from teams during the season. |
| | I understand that should my athlete "quit" during the season, I am responsible for a \$500 buyout fee and the fee will be applied to my account immediately following the date that written notification is given to the gymmanager about my athlete leaving the All Star program. |
| | I understand that all communication should be done thru the business phone and Email Calls and communication should not be done through text message, Group Me, Facebook, or any other Social Media platform. |
| | I understand that should my athlete discontinue performing the skills that they performed at evaluations, at any time during the season, they can be moved to a more appropriate team/level for their current skill level. |
| | I understand that all concussions must follow the diagnosis and treatment plan set up by the state in which the athletes Premier Athletics location is, and the athlete may not return until they have passed all neurological testing set up by the new law. |
| | I understand that should my child need to discontinue practicing during the season due to injury and/or illness, they may not return to the team until they receive a clearance from a licensed doctor and are able to return to the same level they were prior to the injury and/or illness. |
| | team, as placement is based on age, ability, and team needs. |