



Family Registration Form

MOTHER: FIRST: _____ LAST: _____ DL# _____

FATHER: FIRST: _____ LAST: _____ DL# _____

MOTHER CELL: ____/____-____ TEXT? Y N HOME: ____/____-____

FATHER CELL: ____/____-____ TEXT? Y N WORK: ____/____-____

Mother
 Father

EMERGENCY CONTACT NAME: _____ EMERGENCY PHONE: ____/____-____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS 2: _____

1ST CHILD:

First: _____ MI: _____ Last: _____ Birthday: ____/____/____

Circle: Male Female School: _____ Grade: _____

2ND CHILD:

First: _____ MI: _____ Last: _____ Birthday: ____/____/____

Circle: Male Female School: _____ Grade: _____

3RD CHILD:

First: _____ MI: _____ Last: _____ Birthday: ____/____/____

Circle: Male Female School: _____ Grade: _____

Company/Employer: _____

Health Ins. Co.: _____ Policy Number: _____

Group Number: _____ Health Co. Phone: _____

Any intolerance to drugs and medication: _____

Any previous illness, condition, or injury the gym's staff should be aware of: _____

Please circle ALL Premier advertising that you have seen or heard: Newspaper Magazine Flier Radio Ad School Program

Other: _____

Minor Release for registered participant(s) under age 18

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____, as the parent or legal guardian of _____, a minor or minors (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Athletic and Related Activities (hereinafter "Activities"), to be conducted by Premier Athletics. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Premier Athletics on whose premises the activities will occur (hereinafter the "Location") the affiliates of Premier Athletics and the Location, and the respective directors, officers, representatives, members, agents and employees of Premier Athletics, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Premier Athletics to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Gym whether or not the Gym activity actually occurs.

I further acknowledge and understand that Premier Athletics has established gym facility guidelines pertaining to conduct, behavior and activities, by which Minor and I agree to abide, and that Minor and I will be responsible for his/her/my failure to abide by those guidelines. Minor and I have received, read and understand the guidelines, which I acknowledge may be updated or revised by Premier Athletics at any time. Minor and I understand that violation of the guidelines can result in dismissal from the gym facility with no refund.

Appearance Agreement. I understand that Premier Athletics from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in video or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Premier Athletics, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video Minor and to utilize such video and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Premier Athletics LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Tuition Policy:

Monthly tuition is due **on or before the 1st of the month**. For example, June's tuition is due on June 1st. The tuition rate will increase by \$10 on the 2nd of the month. All unpaid class students as of the 8th of the month will be automatically dropped from class. Withdrawing enrollment notice needs to be given to the office by the 15th of the previous month in the form of an email or through the online parent portal. If you do not receive confirmation of termination, please call the office.

All team/class students must be enrolled in Auto-Pay for monthly tuition.



AutoPay Authorization Form

Current Email: _____
(for automated email receipt)

Student Name: _____

Parent Name: _____

By signing this form I am authorizing the charging of my student's class/team fees to my credit or debit card on a monthly basis.

Type of Credit or Debit Card: _____
(Visa, MasterCard, American Express, or Discover)

Card Number: _____ first 4 digits _____ last 4 digits

Please hand your card to the front desk and they will input your card information into our iClass Pro system for later processing through authorize.net's secure server. The numbers entered in our computer will be encrypted and not accessible by any member of our staff once the data is saved.

I represent and warrant that if I am purchasing something from this facility or from Merchants that (i) any credit/debit card information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or bank, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if AutoPay information is provided) this facility to charge my credit or debit card account. I understand that written notice is required to terminate billing by the 15th of the preceding month and **I am responsible for payment whether or not my student attends classes until I notify this facility by email or in writing (front desk staff only) to drop my student from classes/team.** Unfortunately no refund can be made if termination notice is not received by the 15th of the preceding month. Example: December tuition- AutoPay billing termination must be made by November 15th

Email contact at the gym for termination of billing: ldavis@premierathletics.com

This email address is the only one permitted for billing termination at this gym. If you have not received a confirmation within 72 hours, please call the gym to stop billing. Note: They will also request you resend a copy of your original email.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I have read and understand this statement _____ (initial)

AutoPay to begin: _____ / _____ (month/year)

Signature of Card Holder: _____ Date: _____

Office Use Only: Keyword _____ (AP) _____ 10/31/12



Athlete Info Sheet & Vacation/Planning Calendar

(Please Print)

Athlete's Name: _____
 Date of Birth: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Athlete's Cell: (____) _____ Email: _____
 Athlete's School: _____ Grade: _____

Parent's/Guardian's Name: _____
 Cell: (____) _____ Home: (____) _____ Other: (____) _____
 Email: _____

**Please put a slash in any zeros.*

Other Contacts (Names of Individuals that need to be on email list and BandApp)

Name: _____ Cell: (____) _____ Email: _____

Name: _____ Cell: (____) _____ Email: _____

Name: _____ Cell: (____) _____ Email: _____

Sizes: (Please circle your t-shirt size)

T-shirt	YS	YM	YL	YXL	----	AS	AM	AL	AXL	AXXL
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Do you cheer for School? Yes No

Do you cheer for Football, Basketball, or Both? _____

Please list any other prior commitments and schedules below:

(For example: School Cheer Practice Mon & Thurs 3-4:45 starting Aug 19th)

Athlete's Name: _____

MAY 2024						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JUNE 2024						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBER 2024						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JULY 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2025						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2025						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

SEPTEMBER 2024						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2025						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

OCTOBER 2024						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2025						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

2024-2025 ALL STAR COMMITMENT STATEMENT

Athlete's Name (Print): _____

Parents:

- I have read and understand the Attendance Policy in the 2024-2025 PA All Star Handbook.
- I understand that should my child need to discontinue practice during the season due to injury and/or illness, they may not return to the team practice until I provide a doctor's release/note allowing them to return to full participation.
- I understand that if my athlete doesn't maintain the skills, they demonstrated at tryouts, that they may be moved to another team that meets their current skill level.
- I understand that the main form of communication should be done through email. Communication should not be done through social media platforms. Communication through the Band App will be used for competition, team schedules, calendar, and coaching information. Communication on Band App should be positive conversation. Individual and/personal specific communication should be done through email.
- I understand that if my athlete quits or is dismissed from the team during the season I will forfeit any payments (tuition & team fees) made prior to that date.
- I understand that if my athlete quits the team, no refunds will be issued and I will also be responsible for the \$500 quitting fee.
- I understand that my athlete may not be allowed to compete if they miss a practice the week or weekend of competition and that we will not be refunded for those competition fees.
- I understand that consistent negative conversation will NOT be tolerated, and if it becomes a detriment/distraction to team unity and chemistry, athletes and/or parents participating in the negative behavior will either be dismissed from the program.
- I will show good sportsmanship at all times! I will respect and represent Premier Athletics with a positive attitude toward other parents & athletes inside and outside of the gym.

Athlete(s):

- I will have good sportsmanship with my fellow teammates and other competitors while at competition.
- I agree to set a good example by making good grades and having a good attitude.
- I understand that I can be dismissed from the squad for missing practices according to the Attendance Policy in the 2024-2025 PA All Star Handbook.
- I understand that I may not be allowed to compete if I miss a practice the week or weekend of a competition.
- I understand that consistent negative conversation will not be tolerated, and if it becomes a detriment/distraction to team unity and chemistry, I can be dismissed from the program.
- I will show good sportsmanship at all times! I will respect and represent Premier Athletics with a positive attitude toward other athletes & adults inside and outside of the gym.
- I understand that I am not allowed to be on my phone during practice times.
- I agree to not wear jewelry at practice, showcases, or competitions for my own safety and to follow USASF guidelines.
- I understand that being tardy to practices, competitions, etc. effects my whole team and I agree to be on time.
- I understand that both my practice clothes and competition uniform are required attire and must be worn properly throughout the 2024-2025 season.

By signing below "I agree" to the information detailed above and understand that we will be held to this contract for the full duration of the 2024-2025 season.

Parent's/Guardian's Signature

Date

Athlete's Signature

Date