Gila Cheer Sign Up Packet

Family Information

	Atniete		
Full Name:		Gender:	
Age on August 31, 2024:	DOB:	Grade:	
	Parent/Guardian		
Full Name:			
Email:	Phone Number:		
Home address:			
	Emergency Contact		
Full Name:	Relationship:		
Email:			
Phone Number:			
	Second Athlete (Siblings only)		
Full Name:		Gender:	
Age on August 31, 2024:	DOB:	Grade:	
Third Athlete (Siblings only)			
Full Name:		Gender:	
Age on August 31, 2024:	DOB:	Grade:	

Photo Release Form

The legal guardian,	(print), of
photograph and/or use my child's likene	(print), hereby authorize Gila Cheer, permission to ss in a photograph in any or all printed or digital at any photograph using my child's likeness will do may not be returned.
	nd my child's participation with Gila Cheer is voluntary, eceive financial compensation for photos taken or used
distribute photos of my child for the pur or for any other purpose within lawful bo	o Gila Cheer to edit, alter, store, exhibit, publish, or poses of publicizing Gila Cheer's cheerleading program bunds (Social Media, Brochures, Gila Cheer Websites). or approve of publications, physical or digital, that
claims, demands, any causes of action we executors, administrators, or any other p	and release and forever discharge Gila Cheer from all which I, legal counsel, any heirs, representatives, person(s) acting on behalf of myself or my child or any st in nullifying this document in any way.
I have completely read and understand the contents, overarching meaning, and	each statement made in this legal form. I am aware of impact of such a release.
Parent/Guardian Signature Date:	

Medical & Liability Release Form

I/We,	/	parents/guardians	
of	who is a	ttending Gila Cheer, LLC, and	wishes to
participate in a che	erleading, stunting, and tumb	ling activities, give our consen	t for such
participation by ou	r son/daughter. We understand	d that our son/daughter is req	uired to be in
good physical shap	pe and condition to participate	at a 100% physical level and t	that the
activities, which he	/she will be asked and expecte	ed to participate in, are strenuc	ous and require
physical and athlet	ic agility and endurance. I/We	fully understand that these act	tivities include,
but are not limited	to a variety of gymnastic routi	nes, that there will be a variety	of mounts,
dismounts and stur	nts requiring the coordination o	of more than one participant o	n the squad.
I/We fully understa	nd that cheerleading is a sport	: in which the risk of injury is hi	gh; that any one
of the routines invo	olving our son/daughter's partic	cipation in cheerleading activit	ties in general
could lead to serio	us injury, including partial or to	otal paralysis, even death. We	have also
discussed this with	our child and among ourselve	s. Despite this understanding	of the possibility
of serious or catast	rophic injury or death and the	risks involved, we still consent	to the
participation of this	s sport by our son/daughter.		
We represent to yo	ou that, to the best of our know	rledge and belief, our son/dau	ıghter has no
physical, medical o	r mental disability or other lim	itation that would restrict his/h	ner ability to fully
participate in this a	ctivity on a daily basis as desci	ribed and explained to us.	
We agree to, and b	by the signing of this agreemer	nt, release the coaches, assista	ınt coaches,
volunteers and staf	f of Gila Cheer, LLC from any c	claim of negligence by ourselve	es, our
son/daughter, our l	heirs, executors and assigns, fr	om any liability arising from cla	aims for
damages for injury	to our son/daughter and any o	claims for loss of or damage to	his/her
property which ma	y arise out of his/her participat	ion in the Gila Cheer program	
Signature of Parent	or Guardian:	Date	e:

Medical & Liability Release Form

Athlete Name(s) (Print):		
- As a parent or legal guardian of the above athlete, I authorize my son/daughter to participate in the sport of cheerleading at Gila Cheer.		
I authorize a representative of the Gila Cheer staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.		
- I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.		
- Taylor Banks, Coaches, Staff, and Volunteers s a result of my son's/daughter's participation in	shall not be responsible for any injury incurred as a the Gila Cheer program.	
- Taylor Banks, Coaches, Staff and Volunteers si symptoms of illness.	hall not be responsible for monitoring any	
I HAVE CAREFULLY READ THIS RELEASE AND AWARE THAT THIS IS A RELEASE OF LIABILIT GILA CHEER, LLC, AND SIGN IT OF MY OWN	Y AND A CONTRACT BETWEEN MYSELF AND	
Signature of Parent or Guardian: Date:		
Confidential Medical Information		
nsurance Provider: Policy #:		
Ooctors Name: Doctors Phone:		
List pertinent medical information applicable t diabetes, epilepsy etc.	to: Allergies, nervous disorders, heart trouble,	
Indicate any medication the athlete is currently	y taking:	

Credit Card/ Bank Account Authorization

Parent/Guardian:	Cheerleader's Name:
I acknowledge that if I pull my athle	ete, or my athletes quits after August 3rd, I will be
responsible for a \$90 contract term	nination fee, and no prior payments will be refunded.
I understand that Gila Cheer, LLC v	vill keep my credit card or bank account information store
on a secure network, and that I will	not be charged for any Gila Cheer programs or tuition. I
only be charged a \$90 contact terr	nination fee if I pull my athlete from Gila Cheer. In addition
	r is removed from the Gila Cheer program at any time du
the current season, my child will be	e ineligible to participate in Gila Cheer programs for the
following season.	
•	OR your bank account info. NOT both.
•	termination purposes, no monthly tuition will be
automatically charged.	
•	Credit Card Authorization
Visa MasterCard	
Account Number:	Exp. Date:
Address:	City:
State: Zip:	
Signature of Cardholder:	
В	ank Account Authorization
Checking Savings	
Name on Account:	
Bank Name: Routing Number (9 Digits):	
Account Number:	
Signature of Account holder:	
Signature of Parent or Guardian:	Date:

Financial Agreement

I/We,, parents/guardians of	
understand that all tuition payments are due on the first practice of	the month. I understand
that I am responsible to pay the tuition in full at the gym. Late payn	nents are assessed a \$10.00
late fee, and the child will not be able to participate until the origin	al payment and the late fee
are paid in full. I understand that a recurrence in late payments will	result in the removal of my
child from the Gila Cheer team. The 2024-2025 payment schedule	will start in August and end
in May.	
In addition to the above statements, I agree to participate in fundra	aising if it is mandatory for
my child's team.	
Signature of Parent or Guardian:	Date:

Social Media Agreement

Gila Cheer recognizes and supports our members rights to freedom of speech, expression, and association, including the use of social networks. In this context, however, each student and parent/guardian must remember that participating in any of the Gila Cheer programs is a privilege. As a member, you represent the Gila Cheer Program and you are expected to portray yourself, your team, and Gila Cheer in a positive manner at all times. Please understand that if you participate in social media, you are responsible for anything you post.

Gila Cheer will not tolerate disrespectful comments and behavior online, such as:

- Derogatory language or remarks that may harm teammates, coaches, or other members
- Creating a serious danger to the safety of another person or making a credible threat of serious physical or emotional injury to another person

If you are asked to remove a post from any website, you must do so immediately. This is for the protection of your reputation and that of Gila Cheer. By signing this social media contract, you are stating that you will follow the rules indicated.

I have read and agree to the Social Media Agreement. Student Athlete Name (Please Print) Student Athlete Signature Parent Signature _______Date _____ Behavior Agreement Athletes will be expected to speak to all Gila Cheer staff, volunteers, and other athletes with the utmost respect. Rolling of eyes, talking back, walking away while being addressed (etc.) will not be tolerated. We fully expect a "can do" attitude at every practice or event. Gila Cheer is not responsible for communications (digital or in person) between athletes after Gila Cheer programs (practices, competitions, etc.). This needs to be addressed between the students and their parents. Gila Cheer will not acknowledge outside arguments during practice. Practice is meant solely for athletic development. Gila Cheer and other fundraising chaperones will not be held responsible for your child's wellbeing during fundraising events. An appropriate guardian must be present at all times to supervise your child. Failure to comply with these terms will result in disciplinary actions including termination of contract with no refund. I have read and agree to the Behavior Agreement. Student Athlete Name (Please Print) Student Athlete Signature _____

Parent Signature Date

Gila Cheer Prices

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All competition teams will attend two competitions.

Tuition	Performance	LEVEL 1	LEVEL 2
August	\$220	\$290	\$290
September	\$65	\$90	\$90
October	\$65	\$90	\$90
November	\$65	\$90	\$90
December	\$65	\$90	\$90
January	\$65	\$90	\$90
February	\$65	\$90	\$90
March	\$65	\$90	\$90
April	\$65	\$90	\$90
May	\$65	\$90	\$90

Breakdown of each teams prices:

Registration Fees (Comp): Registration Fees (Performance):

Coaches Fee - \$30 Coaches Fee - \$30 Insurance - \$30 Shoes - \$40

Practice Wear - \$40 Bow - \$15
Bow- \$15 Insurance - \$30

Shoes - \$45 Practice Gear - \$40

Music - \$30 Facility - \$10