

BECOME A COMET BECOME A RISING STAR



Energym Comets All Star Cheer Teams Registration Form

CHEERLEADER'S NAME: _____

ADDRESS: _____

Circle One: MALE FEMALE DATE OF BIRTH: _____ GRADE AS OF FALL 2011: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____ FACEBOOK? YES NO

MOTHER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____ FACEBOOK? YES NO

FATHER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____ FACEBOOK? YES NO

SUMMER SESSION (June & July) — \$90/month

Tumbling

Wednesdays 6:00 - 7:00 pm

Cheerleading Practice

Wednesdays 7:00 - 8:30 pm

ACH AUTHORIZATION

I hereby authorize Energym Comets to initiate debit or credit entries to my Checking/Savings/Credit Card Debit Card Account indicated below. I understand and accept that payment for services rendered by Energym Comets is due on the 15th of any given month for services rendered for the following month while enrolled in the program. The below listed method of payment shall be charged for said month's services (plus 3% administration fee for Credit/Debit Card transactions) on the 16th of every month for the following month's charges. You may also pay prior to the 15th with cash or check. Otherwise, the listed card will be charged.

Name on Card: _____ Card Number: _____

Card Type: VISA MASTERCARD Expiration Date: _____ Zip Code Associated With Card: _____

Authorized Signature: _____ Date: _____

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Where did you learn about the Energym Comets All Star Cheer Team?

Are there any medical or physical concerns or issues we should be made aware of? If so, please list below.

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

I recognize & acknowledge that there are certain risks of physical injury to participants in sports or activities involving height or motion, including but not limited to martial arts, dance, gymnastics, tumbling, trampoline, cheerleading, ball sports & swimming. I agree to assume to full risk of any such injuries, damages or loss regardless of the severity which I or my child/ward sustain as a result of participating in any activities connected or associated with any such program(s). I waive & relinquish all claims I or my child/ward may have against, NAIG, Inc, d/b/a The Energym Sports Campus, TMG, LLC, Energym Comets All Star Cheer Team, Inc. & its officers, agents, servants & employees as a result of participating in any of the program(s).

In the event of any emergency I would like the abovementioned child to be taken to a hospital for medical treatment & I hold NIAG, Inc, d/b/a The Energym Sports Campus, TMG, LLC, Energym Comets All Star Cheer Team, Inc. & its representatives harmless of their execution of this action.

I have carefully read & understand the Acknowledgement of Risk & Waiver of Liability & Medical Authorization & understand that my signature is required below in order for my child/ward to participate in Energym Sports Campus Programs and Energym Comets All Star Cheer Team, Inc.

Signature: _____ Date: _____

For Office Use Only:

Cash _____ Check # _____ ACH _____ Amount _____ Date _____

