

Indiana Ultimate
428 Pine Creek Court
Elkhart, IN 46517

Indiana Ultimate
5449 Keystone Drive
Fort Wayne, IN 46825

www.indianaultimate.com

Please take the time to read the following information carefully. Indiana Ultimate, Inc. reserves the right to make ANY changes at ANY time. We will notify via email of changes.

Billing

1. The cost of monthly tumbling at Indiana Ultimate, Inc is \$66. Any additional class (self or sibling) is \$60 per month. There is also a required \$45 membership fee due at sign up and in your athlete's anniversary month every year they are enrolled going forward.
2. All Indiana Ultimate members must have a credit card on file, and we strongly encourage all members to sign up for autopay via iClassPro in order to avoid unnecessary fees and penalties. When your card is processed at 12pm on the 1st, if the card is declined, a \$25 credit card decline fee will be assessed after initial past due balance email is sent.
3. **Monthly dues are billed on the 25th of the prior month regardless of attendance. Payments should be made via iClassPro on or before the 1st of the month.** Payments can also be made in the office if necessary.
4. If you are not on autopay, and your payment is not in by midnight on the 1st of each month, a \$15 late fee will be assessed. Returned checks will result in a \$25.00 fee and loss of check writing privileges. If the account remains delinquent, your athlete will be set out of class(es) until the balance is paid.

Class Dress Code

- Athletes MUST:
 1. Maintain a well-groomed appearance and good personal hygiene.
 2. Keep hair out of the face (in a high ponytail if possible)
 3. Remove all jewelry
 4. Trimmed and non-acrylic nails
 5. Appropriate tumbling attire
 6. NO GUM

Scheduled Closings:

****THERE WILL BE NO PRORATION, OF ANY DUES, FOR MONTHS THAT INCLUDE SCHEDULED CLOSINGS****

Memorial Day:	May 23-25, 2020
Independence Day:	July 4-5, 2020
Labor Day:	September 4-7, 2020
Fall Break Elkhart:	TBA
Fall Break Fort Wayne:	TBA
Thanksgiving:	November 25-28, 2020
Christmas:	December 24, 2020 - January 2, 2021
Spring Break Elkhart:	TBA
Spring Break Fort Wayne:	TBA

Please choose ONE Program:

- Monthly Tumbling
- School Cheer
- Go Kids



Athlete Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
DOB: _____
Gender: F or M Grade: _____
Cell Phone #: _____

Parent/Guardian Information

Parent/Guardian #1: _____
Cell Phone #1: _____
Email: _____
Employer: _____
Last Four of SS#: _____
Parent/Guardian #2: _____
Cell Phone #2: _____
Email: _____

Emergency Contact

Name: _____ Relationship: _____ Cell Phone #: _____

Medical Information

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance:

Allergies: _____
Medications (ALL): _____

All students must pay a \$45 yearly membership fee, apart from rec cheer, open gym & camp/clinics. If a rec cheer, open gym or camp/clinic participant chooses to enroll in a tumble class, AIT, private tumble or joins an IU cheer team, they will be required to pay this annual gym fee at time of enrollment.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Hold Harmless and Indemnity Agreement and Release

1. As a parent or legal guardian of the participating person, I give my consent for him/her to participate in the Indiana Ultimate, Inc. All-Star and Tumbling program. I understand that training in any sport can be dangerous. With that being said, I also understand the risks that come along with the named sport. I also understand that participating in gymnastics, stunting, cheerleading, dance, strength training, sports training and related activities may result in unavoidable injuries due to the sport, heights, and motions involved. Injuries such as muscle strains, pulls, tears, bruises, dislocations, and broken bones are just a few small injuries that might occur more than once in the course of a season. Severe injuries, such as permanent paralysis or even death could occur as well. I am fully aware of the risks and possibility of injury involved.
1. As a parent or legal guardian, I agree to provide health insurance for the participant and pay any medical expenses incurred because of training, performing, or participating in activities of the Indiana Ultimate, Inc. All-Star program.
2. In consideration for allowing the named person to participate in the activities of Indiana Ultimate, Inc. All-Star program. I waive any or all rights or causes of action against Indiana Ultimate, Inc., its employees, shareholders, directors, owners, officers, coaching staff, and Indiana Ultimate All-Star cheerleaders/dancers for any injuries or death suffered to my child. I agree to hold Indiana Ultimate, Inc., its employees, shareholders, directors, owners, officers, coaching staff, and Indiana Ultimate All-Star cheerleaders/tumblers harmless against any such claim growing out of or resulting from any injury or death to the below named person in connection with the above named activity, and to indemnify reimburse and make good any loss, damage or cost that Indiana Ultimate, Inc. may have to pay if any litigation or claim arises from injuries or death including cost of court and attorney's fees.

Signature of Parent/Guardian: _____

Date: _____

Print Name of Parent/Guardian: _____

Financial Agreement

1. As a parent or legal guardian, I agree to pay all dues and monthly bills by the scheduled due date. I understand that if my bill is past due, then I will be charged a \$15 late fee. If my credit card fails, I also understand that there will be a \$25.00 fee, plus any late fees incurred, after the credit card failure. If in the event your account becomes 45 days delinquent, you may be turned over to collections and you will pay all related Attorney fees.
2. Remember this is a binding contract between Indiana Ultimate, Inc. and owners and the individual athlete/parent or guardian. The parent/guardian agrees to pay all expenses related to the Indiana Ultimate, Inc. for all services rendered for the 2020-2021 season. The parent also agrees to pay all account balances in full at the end of the season. The parent also agrees to pay, if any, all collection fees/attorney's fees and any interest fees that occurred during collecting unpaid balances.
3. The undersigned understands and agrees that if the undersigned fails to pay any amounts due to Indiana Ultimate, Inc. including but not limited to principal and accruing interests amounts (with interest on all amounts past due accruing at the greater of 1-1/2% per month or the highest rate allowed by applicable law), the undersigned agrees to pay Indiana Ultimate, Inc. all collection and any litigation, including attorney's fees and court costs incurred by Indiana Ultimate, Inc. to recover such amounts.

Signature of Parent/Guardian: _____

Date: _____

Print Name of Parent/Guardian: _____

Photo Release

As a parent or legal guardian of the participating person, I give my consent for Indiana Ultimate, Inc to use images of participant in print publications, online publications, presentations, websites and social media.

Signature of Parent/Guardian: _____ **Date:** _____

Print Name of Parent/Guardian: _____

Parent Information Page Acknowledgement

My signature below indicates that I have reviewed the contents of the Indiana Ultimate Parent Information Page. I am aware that a copy of the parent handbook can be obtained at any time by asking any staff member of Indiana Ultimate, Inc. I accept responsibility for adhering to the expectations, policies and procedures outlined in the handbook.

Signature of Parent/Guardian: _____ **Date:** _____

Print Name of Parent/Guardian: _____



CREDIT CARD AUTHORIZATION FORM

Name of Cardholder: _____

Name of Athlete: _____

Type of Credit Card: _____ (We **DO NOT** accept American Express)

Card Number: _____ Security code _____

Expiration Date: _____ Billing Zip Code: _____

Billing Address: _____

Signature of Cardholder: _____

- If your account is not current by the 1st of the month your card will be ran.
- There is a **\$25.00 per credit card failure fee**. Please inform Indiana Ultimate office staff of any changes to your credit card to avoid these charges

ALL CREDIT CARD INFORMATION WILL BE HELD CONFIDENTIALLY BY INDIANA ULTIMATE OFFICE STAFF AND WILL NOT BE AVAILABLE TO ANY OTHER STAFF MEMBER

Print Name

Signature

Date