

Please choose ONE Program:

- All-Star Cheerleading
- Cheer Abilities



**Athlete Information**

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

**Parent/Guardian Information**

Parent/Guardian #1: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone #1: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Last Four of SS#: \_\_\_\_\_  
Parent/Guardian #2: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone #2: \_\_\_\_\_  
Email: \_\_\_\_\_

**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 anniversary 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, NinjaZone, private lesson or joins an IU cheer team, they will be required to pay this annual gym membership 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 Handbook Acknowledgement

My signature below indicates that I have reviewed the contents of the Indiana Ultimate Parent Handbook. 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:** \_\_\_\_\_

## Attendance Policy Agreement

As the parent or legal guardian of participating athlete I understand the importance of my child's attendance. I have reviewed the attendance policy put into place by Indiana Ultimate Inc. and my signature below indicates that I understand this policy and the consequences that are also outlined.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

## Code of Conduct & Program Rules

- If you have any questions or concerns that need immediate attention, please use the following chain of command:  
1<sup>st</sup> Head Coach 2<sup>nd</sup> All-star Director 3<sup>rd</sup> Owner
- Personal items such as cell phones, school bags, or gym bags must be taken into the gym and stored in the cubbies off the practice floor area. NO items are to be left in the athlete staging area or cubbies. Cell phones must be silenced and stored away during practice. Indiana Ultimate is NOT responsible for lost or stolen items brought into the gym.
- You are NEVER allowed to use the Indiana Ultimate name or logo for any personal or commercial use.
- You must arrive at all practices, competitions, or any scheduled events on time. Punctuality is a MUST.
- All team routine decisions are left to the discretion of the coach.
- Athletes need to be able to physically and mentally perform ALL aspects of competitive cheerleading.
- Please keep in mind the gym is not a babysitting service. Dropping your kids off unsupervised is not allowed.
- Good sportsmanship and polite manners are mandatory at all practices and competitions from athletes AND parents. NO GOSSIP about any other teams, a child on any team or coaches/staff will be tolerated. It is necessary to address a problem through the chain of command listed above.
- Practices may be changed, added, or cancelled at any time during the season.
- Competitions may be changed, added, or cancelled at any time during the season.
- The coaches reserve the right to close practices at ANY time for ANY reason.
- It is the parent's responsibility to know what is going on with your team. Check your emails, Facebook pages and website regularly.
- Withholding a child from a practice or a competition is not an acceptable form of punishment and may result in dismissal.
- Athletes should be able to handle schoolwork and all-star practices. Learning time management is a vital life skill. Homework is NOT an acceptable excuse for missing practice.
- Parents, relatives, friends, and cheerleaders are never allowed to speak with competition officials for any reason. EVER!
- Parents and athletes are required to ALWAYS represent Indiana Ultimate, Inc in a positive manner. This is especially so at practices and competitions.
- Parents are never allowed to represent Indiana Ultimate under any circumstances concerning accommodations, competitions, or any other situations. PERIOD!
- Parents and athletes posting negative comments on social media will not be tolerated and may result in dismissal from the team or program as a whole.
- Placing athletes on team(s) is solely on the discretion of the coaches.
- Indiana Ultimate Inc. may move, replace, add, suspend, or even dismiss an athlete for a period of time or indefinitely from a team or the entire program based on the criteria, including but not limited to: Attendance, Ability to Pay, Skills, Parent Conflict and/or Attitude/Conduct.
- Coaches will determine the roles and/or positions an athlete will have on their team(s)
- There will be no arguing or questioning of the coaching staff's decisions at practices or competitions. EVER
- Indiana Ultimate maintains the right to refuse or stop services at any time.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 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