

Cheer Extreme Allstars Information Card 2017-2018

First: _____ Last: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Athlete Cell Phone: _____ Birth Date: _____

Athlete Age as of **August 31, 2017** _____ Emergency Phone: _____

Mother Name: _____ Father Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Email: _____ Athlete Email: _____

Do you wish to be considered for 2 teams? Yes: _____ No: _____

- ❖ \$20 additional monthly tuition along with crossover competition fees approx. \$200 or more depending on which team(s) and/or gym(s) crossing to.
- ❖ If only cheering on one team, priority will be placed on age appropriate team placement

Have you tried out for another CEA location and been place on a team? Yes: _____

Home Gym: _____ Which gym are you crossing over to: _____

Comments: _____

CEA monthly tuition fee is prorated on a 12 month year. Some months will include more instructional hours than others. Vacations and breaks are built into this schedule as are extra practices and some routine camps. Regardless of the number of instructional hours, the tuition remains the same. This fee is the price monthly to be a member of Cheer Extreme. Tuition is paid by bank draft on the 1st of every month. Competition fees are paid by bank draft on the 15th of June, July, August, September, October, November, December and January.

Cheer Extreme must be your extra-curricular priority. This is a team sport dependent on the 100% participation of all athletes. Your practices and competitions are mandatory. All events must be attended by all members. Parents can and are encouraged to travel with athletes on trips. Hotel arrangements must be made through CEA blocks. Note: If you leave the program after you have been sized for your uniform you will be refunded your payment less a \$75.00 restocking fee.

- ❖ Registration fee is non-refundable
- ❖ Team / Competition fees are non-refundable
- ❖ In order to be placed on a roster registration fee \$50 and May Tuition must be paid

Parent Signature: _____ Date: _____

To be completed by CEA Staff: (Please mark type of payment and amount paid)

- Draft Form Completed
- \$50 Registration Fee (\$75 Family Registration) – paid note Check# or Cash
- May Tuition paid – note Check # or Cash