

**SUMMER 2019 REGISTRATION FOR THE**

**SCORPIONS SHORT TERM LEVEL 1 TUMBLING**

Date: \_\_\_\_\_\_\_\_\_\_ Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (of parent please!):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ENSURE EMAIL ADDRESS IS LEGIABLE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASS** | **AGE GROUP** | **COST**  **INCLUDES HST** | **DAY OF WEEK** | **TIME** |
| LEVEL 1 | 3-6 | $115.00 | Mondays | 6:30-7:30 |
| LEVEL 1 | 7-12 | $115.00 | Mondays | 5:30-6:30 |
|  |  |  |  |  |
|  |  |  |  |  |

**REGISTRATION MUST BE PAID IN FULL VIA CASH, CHEQUE, or CREDIT CARD AT TIME OF REGISTRATION.**

**Cheques made payable to Super Cheer Inc.**

**Please note there are no refunds unless the Session is cancelled.**

**Method of Payment:**

\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_

Cheq#               Dated Credit Card #                      Expiry Date         CVC Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***There is a 3% admin charge for all credit card charges.***

Parent signature for authorization Date

I do hereby acknowledge that I intend to participate in one or more athletic endeavours while a member of Super Cheer Inc. All-Star Cheerleading Team(s).  I also acknowledge that I will be doing so of my own free will.  I, as parent of the above, or if 18 years or over, acknowledge my child’s desire to participate in the cheerleading program of Super Cheer Inc.

We understand that the coaches/advisors of Super Cheer Inc. are trained coaches.  We further acknowledge that these coaches/advisors will behave prudently in the instruction of cheerleading skills in an effort to avoid accidents and/or injuries from occurring.  We realize that participation in athletic endeavours entails the risk of injury to the Participants.  We accept this risk regardless of the nature of the injury and/or the athletic endeavour in which they/we will participate.

We acknowledge that the term “athletic endeavour” as used herein includes any cheerleading related activity, drill, stunts, choreography, jumps and gymnastics of any kind.

We also waive Super Cheer Inc., All-Star Cheerleading Team(s) and any other practice facility, the coaches, advisors, sponsors, parent volunteers, or other volunteers, the staff and/or volunteers of any of the venues in which we practice or perform, or any one or more of them or their executors, administrators, heirs, next of kin, successors or assigns, of and from any and all liability and responsibility for injuries, sickness, accidents, and/or natural occurrences during participation by myself/my child in camps, clinics, private coaching, choreography, and any other cheerleading related activity.

We understand that participants are responsible for their own personal health, medical, dental, chiropractic, and accident insurance coverage.  We, intending to be legally bound, do hereby, my heirs, executors, and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or may hereafter accrue to me or my child against Super Cheer Inc.,  and any other practice facility, the coaches, advisors, sponsors, parent volunteers, or other volunteers, the staff and/or volunteers of any of the venues in which we practice or perform, for any damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or arising out of travel to and/or return from any cheerleading related site or activity affiliated with Super Cheer Inc.

Health Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_

-------------------------------------- Cut Along the Dotted Line  ---------------------------------------

**DATE OF PRACTICES:**

**10 CLASSES STARTING IN JUNE 2019**

**Mondays – June 3, 10, 17, 24 / July 8, 15, 22, 29 / August 12, 19**

**NOTE: There are No Classes the Mondays of the two summer Long Weekends**

**PLEASE ENSURE WE HAVE YOUR CORRECT EMAIL ADDRESS ON FILE**

**LOCATION:  296 Collier Road South, Unit 2 Thorold (Stokes Seeds building)**