

Courage Cheer & Dance United

Medical Consent & Release Form

Child's Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Name of Person Giving Consent: _____

Consenter's Relationship to Child: _____

Email: _____

Home # _____ Cell # _____ Work # _____

Emergency Contact Name & Phone #: _____

List Any Medical Problems/Allergies: _____

I hereby authorize any person associated with Courage Cheer and Dance United, or those designated by them, to treat, seek, and consent to medical treatments deemed necessary by the treating physician for my son/daughter, whose name is set forth above, for injuries or illness that may occur while participating in the Courage Cheer and Dance United activity. This includes classes, practices, camps, or competitions, or any other Courage Cheer and Dance United sponsored activity.

Insurance Company: _____ ID/Group #: _____

Physician's Name: _____ Physician's Number: _____

ABSOLUTE RELEASE OF LIABILITY: Cheerleading, Tumbling, and Dance involves a variety of movements, motions, rotations, leaps, tumbling, jumps, partner stunts, and pyramids. Therefore, participation in these athletic activities may result in personal injury. I hereby agree to fully release and hold harmless Courage Cheer and Dance United, its coaches, officers, staff, employees, and anyone else designated to help, from any responsibility for any injury that may occur while participating in Courage Cheer and Dance United. I waive and release any and all rights and claims for damages that I, or the above named child, may have at any time.

DROP PROCEDURE: PARENTS MUST NOTIFY COURAGE CHEER AND DANCE TO DROP A STUDENT FROM CLASS. Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable. You must let us know before the beginning of the month for you not to be charged for the next month. Please note: You are responsible for payment for your student's classes **WHETHER OR NOT YOUR STUDENT ATTENDS CLASS.** Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to one of the many on a waiting list.

LATE PAYMENTS: All tuition is charged on the 1st of the month. You have until the 7th to pay via cash, check, charge, or autopay. All charges not paid by the 15th will be considered late and charged a \$10 late fee. All charges not paid within 30 days will acquire an additional \$30 late fee. Every additional month that is late will acquire another \$50 late fee until payment is received.

Parent Signature: _____ Date: _____

How did you hear about us? _____