

Registration/Release of Liability

Athlete's Full Name: _____

Date of Birth: _____ **School Grade:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip** _____

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Email Address: _____

Emergency Contact: _____ **Phone:** _____

Person Responsible for Account Payment if other than above listed Parent Name: _____

Email: _____ **Phone:** _____

How did you hear about us? _____

I/We, the undersigned, in entering and participating at Empact Athletics Cheer Tumbling and Dance LLC, are aware of the risks of personal injury involved in power tumbling, cheerleading, and sports skills which could be serious broken bones and catastrophic injury causing permanent paralysis or even death. In consideration of being allowed into this organization, I/we understand that participation is entirely by my own choice and agree to accede to any question or decision made by Empact Athletics Cheer Tumbling and Dances affiliates, contractors, or its employees. Additionally, although there may be other playroom/waiting areas available for the convenience of the Empact Athletics Cheer Tumbling and Dances LLC's patrons and their children, there is no child-care provided or other similar supervision. Each party that utilizes the playroom/waiting areas does so acknowledging the above and assumes all the risks and responsibilities thereof. I/We, the undersigned party, acknowledges by participating in activities, classes, practices or any events, performances or competitions affiliated with Empact Athletics Cheer Tumbling and Dance LLC that there is risk of possible exposure to illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; I/We the undersigning party knowingly and freely assume all such risks related to illness and infectious diseases, such as but not limited to COVID-19, even if arising from the negligence or fault of Empact Athletics Cheer Tumbling and Dance LLC, its affiliates, owners, employees, and building owners. I/we hereby release Empact Athletic Cheer Tumbling and Dance LLC, and its affiliated employees, and building owners from all liability for any and all damages, illness and injuries suffered by myself or by the above listed athletes in connection with the use of facilities in subject or while on these premises or off premises but participating in activities with Empact Athletics Cheer Tumbling and Dance LLC. BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY WITH OR AT EMPACT ATHLETICS CHEER TUMBLING AND DANCE LLC, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW. Parent Initials _____

I/We understand it is required to enroll in Empact Athletics Cheer Tumbling and Dance LLC Auto-Pay program. I/We understand it is required to keep a valid credit card on file during the duration of enrollment. I/We authorize and give consent to Empact Athletics Cheer Tumbling and Dance LLC to run the card on file through the Auto-Pay system for any due amounts at any time a balance is owed. I/We acknowledge there is a 3.5% processing fee on all amounts paid via the Auto-Pay system or credit card transactions. I/We understand a statement will be emailed to the above listed email prior to the card on file being ran. Parent Initials _____

I/We understand that an annual registration fee will be charged to my account on January 1st of each year my athlete continues to be enrolled at Empact Athletics Cheer Tumbling and Dance LLC. I will be notified of this amount via email prior to being charged. At time of initial enrollment/registration, I/We understand we will be charged a pro-rated registration fee amount based on the time of initial enrollment/registration with a set minimum amount of \$25. I acknowledge the prorated to be charged to me at time of enrollment and it will be shown listed below.

Tuition/membership fees are dependent on the enrolled athlete's enrolled hours per week and class type and are billed monthly between the 20th and the 25th of each month. Tuition/membership fees will be due and drafted via the Auto-Pay system on the 1st of each month. Tuition/membership fees are considered past due on the 2nd of each month. I/We understand that a monthly finance charge of \$25.00 will be applied to all unpaid charges, fees, or tuition on the 2nd of each month for any charges not payable through the Auto-Pay system for any reason. If suit or action is required for collection purposes the responsible listed and undersigned party agrees to pay all collection cost and legal fees. I/We understand that in the event of a returned payment for any reason will result in an additional finance charge of \$25. I/we understand that no refunds, credits, or transfers of monies paid will be given on tuitions, membership fees, performance/competition fees, registration fees, uniforms, costumes, merchandise, or any other charges for any reason including but not limited to pay in full amounts. I/We understand that if the above listed athletes account maintains a past due balance for more than 30 days the enrolled above listed athlete will not be eligible to participate in classes, activities, performances, or competitions until the account is paid in full. I/We acknowledge upon maintaining a past due balance for more than 60 the above listed athlete will be removed from all class, camps or programs and the above listed athletes account will be turned over to collections. Additionally, once an athlete's account is 60 days or more past due, a 1.5% interest rate charge will be applied per month on the dollar amount owed on the above listed athletes account until paid in full. Parent Initials _____

I/We understand that monthly tuition/membership fees will not be prorated or refunded for holiday or scheduled closures. I/We understand a minimum notice of two weeks will be given in the event of a scheduled closure; I/We understand makeup class will not be provided for scheduled closures. I/We understand in the event of a forced closure due to health department, city, state, or federal mandates, or if deemed necessary for the safety of Empact Athletics Cheer Tumbling and Dance LLC., staff and/or athlete's tuition will not be prorated or adjusted, and classes and activities will be provided virtually. I/We understand that tuition will not be prorated for missed classes by fault of the undersigned party. I/We acknowledge in the event of absence due to illness or pre-planned event, a makeup class can be provided if requested prior to the above listed athlete's absence. A makeup class similar in curriculum to the enrolled class will be offered. All make up classes must be attended within 30 days of original absence date. Makeup classes are provided for athlete's enrolled in recreational classes only. Parent Initials _____

Empact Athletics Cheer Tumbling and Dance LLC

Empactathletics@gmail.com

Phone: 801-600-7101

I/We understand that email is the primary source of communication and it is required to keep a valid email on file during the duration of enrollment.
I/We understand that tuition, fees and or policies may be subject to change at any time for any reason. I/We agree to adhere and agree to any said posted changes in the event such changes are required or made during the duration I/We are enrolled at Empact Athletics cheer tumbling and Dance LLC. In the event of said changes, 30 days notices by email will be given. Parent Initials

I/We understand that all athletes must be dressed appropriately in athletic attire such as leotards, t-shirt, shorts leggings, tank top, etc. and hair must be pulled back out of the face in order to be allowed to participate in class or activities. Baggy shirts, sweats, pajama pants, denim pants, skirts, dresses, or street clothes are not acceptable practice attire. Bare feet, cheer shoes or dedicated practice athletic shoes should be worn to class. Street shoes are not acceptable and will not be allowed to be worn. Additionally, some classes may require a specific class practice uniform and or shoes to participate. Parent Initials

I/We understand athletes must be dropped off and picked up outside the front doors and Parents/Guardians or spectators are not permitted to observe regular classes. Athletes are not permitted to be dropped off more than 5 minutes prior to their enrolled class start time. Athletes must be picked up within 10 minutes of the conclusion of their class. I/We acknowledge a daycare charge of \$1 per minute will be charged to the above listed athletes account in the event the athlete is left at the gym for more than 10 minutes prior or upon the conclusion of their enrolled class without prior approval. Parent Initials

I/We give consent for the above listed athlete to be photographed and videoed for but not limited too commercial, professional, marketing, social media, and training purposes. I understand that my athlete's name will not be used without additional written consent. I/We understand and agree that no compensation will be given to the above listed party for use of said media. Parent Initials

I/We understand that 30-day notice upon dropping/switching a class or team is required and must done in office by a Parent/Guardian filling out a class Drop/Switch form. I/We agree and acknowledge in the event of withdrawing the above listed athlete from Empact Athletics Cheer Tumbling and Dance LLC. 30 days notice is required. I/We understand that this notice must be done in person in our office by a Parent/Guardian of the above listed athlete filling out a Withdraw Slip. I/We understand I/We are responsible for the above listed athlete's monthly tuition/membership fee and any and all fees up to and through the 30 day notice of withdrawal period along with any remaining charges that have been previously billed up to and or through that 30 day withdrawal period. I/We understand any past due or owed balance once the 30-day withdrawal period has passed will be charged a 1.5% monthly interested charge on the owed amount until paid in full. I/We understand any accounts with a past due balance of 60 days or more will be turned over to collections. I/We understand that upon withdrawal any ordered and paid for items will only be available for 30 days prior to withdrawal. Once 30 days has lapsed any items not yet picked up will be considered forfeit and returned to inventory. I/We understand the 30-day withdrawal period starts at the time a withdrawal slip has been received by the front desk staff. Parent Initials

By signing below, I/We the undersigned party acknowledge we have read and agree to all above listed policies and statements.

Parent or Guardian _____
(Please Print) (Please Sign)

Date Signed: _____ **Registration Fee Amount Due \$** _____

Class/Team Enrolling In _____

By Initialing here, I consent to enroll my athlete/student in the above listed classes (_____)

Credit Card Authorization Form

Please fill out the below fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type: VISA MasterCard Discover

Name as shown on card: _____ **CVC Code:** _____

Card Number: _____

Expiration (MM/YY): _____ **Card Billing Zip Code:** _____

I, _____ authorize Empact Athletics Cheer Tumbling and Dance LLC to charge my credit card above for any and all listed transaction and charges as they may pertain to my athlete's enrollment/participation at Empact Athletics Cheer Tumbling and Dance LLC. I understand that this information will be saved on file for future transactions on my account.