

COMMITMENT STATEMENT

We have read and understand the All-Star Information Packet and agree to abide by the rules and regulations therein. We understand the commitment that we are making as a family to the Arkansas Cheer Academy coaches and other team members. We intend to participate for the entire year from June 2024 until the last event in April 2025(May 2025 if bids are received). If for some reason circumstances occur which require our departure from the program, we do not expect any refund of paid competition fees or other expenses in our Kids Club account. We understand that competition fees are due in full by February 7th. We understand tuition will be drafted from my account on the 5th of each month beginning in June 2024 and concluding April 2025 (May 2025 if bids are received). We understand this arrangement and we must continue to make these payments even if we withdraw ourselves or are removed from the program. Sufficient funds are expected in order to avoid late charge of \$10. This policy goes into effect as soon as I sign up. We understand that any account one month past due is subject to expulsion. We understand that each member is required to attend all scheduled events and may need to miss two school days per year in order to attend competitions. We understand that an athlete can be dismissed from the team for missing practices. We also understand that consistent negative conversation will not be tolerated and if it becomes a detriment to team unity and chemistry whoever participates will be dismissed from the program.

Signatures

Parent: _____ Team Member: _____ Date: _____

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading and tumbling with Arkansas Cheer Academy. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment, at my expense, for my daughter/son for such injury or illness during the activity, and I hereby hold Arkansas Cheer Academy, its representatives and lessors harmless of the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious or catastrophic) in connection with her/his participation. I further understand that my daughter/son and I are assuming all risk and cost of such physical illness or injury by her/his representatives and lessors from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Arkansas Cheer Academy has established rules and regulations pertaining to conduct, safety, behavior and activities of all cheerleading/tumbling participants and parents, by which myself and my daughter/son must abide while she/he is a member of this cheerleading team/program and that my daughter/son and I will be responsible for our failure to abide by those rules and regulations. My daughter/son and I have read, understood and agree to all conditions set forth in the above medical treatment authorization and liability form.

Signature of Parent or Guardian if participant is under 18

Date