

PARENT PERMISSION, RELEASE, & ENROLLMENT POLICY FORM

Please read this form carefully and sign it. This document will be kept in your child's file.

(Participant's Name) _____ has my permission to try-out and / or participate at Illinois Cheerleading Academy, Inc. dba., Illini Force and to participate in Illini Force events. I fully understand that I, the parent / guardian, and my son/daughter must abide by all rules and guidelines set forth by Illini Force.

(Parent's Name) I _____ understand that I, myself the parent/guardian, and my son/daughter have been given the Illini Force Rules & Guidelines Form, and that we have read, fully understand, and must abide by the Illini Force Rules & Guidelines. I understand and give Illini Force the right and permission to film, photograph, or video tape my daughter/son or me (myself/advisor/coach/chaperone) for any reproductions associated or in any way connected with said television or filmed event; in particular, reproduction for use in any form of advertisement and or sales for Illini Force promotional purposes and waive any rights of compensation or ownership thereto.

RELEASE OF LIABILITY

- I understand that by the very nature of the activity, cheerleading training, gymnastics, trampoline, dance, and practice carries a risk of physical injury up to and including death. No matter how careful the cheerleader/gymnast and coach are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated.
- I understand that Illinois Cheerleading Academy, Inc. dba., Illini Force staff members are not physicians or medical practitioners of any kind. I hereby give permission to the Illini Force staff to render temporary or basic first aid to my child(ren) or myself in the event of injury or illness. I agree to hold harmless Illinois Cheerleading Academy, Inc., Illini Force, and its owners / staff for any injury, whether such injury results from the negligence of Illini Force or its officers, agents, or staff, or some other cause, resulting from rendering temporary or basic first aid.
- I understand that by taking part in any Illini Force event, there is a possibility of injury or sickness to my daughter / son or to me (myself/advisor/coach/chaperone). In the event that I cannot be reached, I hereby authorize Illini Force and its employees, whether paid or volunteer, to give consent for my son/daughter to receive medical treatment including transportation by a Illini Force staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of paramedics or ambulance for said child should the Illini Force staff deem necessary. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured, or to me (myself/advisor/coach/chaperone).
- I understand and affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, for both my child's protection and my own protection.
- I also agree to hold harmless Illinois Cheerleading Academy, Inc., Illini Force and its staff, the event facility, and/or official hotel for any injury, whether such injury results from the negligence of Illini Force or its officers, agents or staff, or some other cause, as a result of my daughter's/son's participation or my (myself/advisor/coach/chaperone) participation in any Illini Force event.
- It is agreed that I, my spouse, child(ren), my heir(s), and executors, forever waive and release any and all rights and claims for damages, whether such damage, loss or injury results from the negligence of Illini Force or its officers agents or employee, or some other cause, that I, my spouse, my child(ren), or my heir(s), and executors may have at any time against the Illini Force Parents Association or its representatives, Illini Force or its representatives, shareholders, and staff whether paid or volunteer, for any injuries or damages in connection with the instructional or competitive programs or other activities related to Illini Force and/or any injuries or damages in connection with traveling/transporting to and/or from competitions, exhibitions, or prearranged outings. The risks involved with such activity are fully understood.

ENROLLMENT POLICY

Enrollment and Disenrollment of Non-Team Classes (Tumbling, Stunt, & Recreational Classes)

- You must enroll your child for all non-team classes. First months tuition is due upon enrollment. Your child's enrollment and Illini Force membership will continue for the remainder of the month enrolled

Enrollment and Disenrollment of Teams (All-Star Cheerleading Teams)

- You must enroll your child for all teams. First months tuition, a yearly non-refundable registration fee and practice clothes fee is due upon enrollment. Illini Force's team program is a 12-month program.

Your child's enrollment and Illini Force membership will continue for one year unless you disenroll your child in writing. This policy allows us to fill vacancies in teams as they occur. We cannot guarantee the same spot on that team upon your return. If you quit mid-season you forfeit all Tuition, installment, and nationals payments made.

Make-up Classes

- If your child misses a class due to injury or illness, please speak with the Program Director as soon as your child is able to return to the gym about possibly scheduling a make-up class, however make-up classes cannot be guaranteed due to time constraints and scheduling, and in general Illini Force does not offer make-up classes.

Tuition Reminder

1. Tuition is due on the 1st of every month and late after the 5th. A \$25.00 late fee will be charged after the 5th for all teams and classes.
2. A \$25.00 fee will be charged on all returned checks.
4. Illini Force Team and Class Tuition is based on 12 calendar months. Some months have 4 weeks, and some have 5 weeks. **thus we do not Prorate tuition for holidays or vacations.** Time-off/Vacation time is already factored into tuition and will not be refunded or prorated for.
5. Tuition will not be prorated for injury, sickness, or required family visitation.

By signing below, I agree to the Parent Permission, Release of Liability, and Enrollment Policy

Parent Signature _____ Date _____