



## INFORMED CONSENT AND PARTICIPATION RELEASE

I/We, \_\_\_\_\_, parent(s) and/or guardian(s) of \_\_\_\_\_, who is a participant in the Central Florida Athletics (CFA) Program or participant in CFA Gym Activities, are herewith allowing our son/daughter to participate in such activity, and give our consent for such participation by our son/daughter.

We understand that our son/daughter is required to be in good physical shape and condition and that the activities which he/she will be asked and expected to participate in are strenuous and require physical and athletic agility. It has been fully explained to us that these activities include, but are not necessarily limited to a variety of gymnastic routines, including somersaults, back handsprings, aerials and round-offs; that there will be a variety of mounts and stunts requiring the coordination of more than one participant on the squad; that these activities will not be confined to any one site or venue, but rather a variety of sites and places throughout practices and competitions.

It has also been explained to us that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son's/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. Our child's participation in this activity is purely voluntary and we elect their participation in spite of the risks. I/we also certify that we have adequate insurance to cover any injury or damage that our child may suffer while participating, or else I/we agree to bear the costs of such injury or damage ourselves.

We also understand that our son/daughter will be required to travel to locations for performances and competitions and that we, as parent and/or guardian, will be responsible for our child's transportation.

We represent to CFA Cheerleading that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity as described and explained to us. We agree to this informed consent and by the signing of this Participation Agreement, voluntarily release, forever discharge and agree to indemnify and hold harmless the directors, owners, coaches, assistant coaches, trainers, and volunteers of Central Florida Athletics Cheerleading, from any and all claims of negligence by ourselves, our son/daughter, or heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in CFA Cheerleading.

Parental Consent:

In witness whereof, I/we have affixed our signatures to this Informed Consent and Participation Agreement on this \_\_\_\_ day of \_\_\_\_\_, 2018 in the State of Florida.

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



## PARENT COMMITMENT

We would like to take this opportunity to share and explain how we select the team on which your child will participate. As with any sport, there are various levels of talent and various strengths within each athlete. It is also important to us that your child is placed on a team where he or she will grow and succeed. We feel it is important that we create the strongest teams possible. It is in our best interest to create teams with a balanced number of flyers, bases, dancers, and tumblers.

There is no first and second team in the Central Florida Athletics (CFA) cheerleading program. Please know that the squads are named and chosen appropriately and help us to assure your child's position at CFA is in his/her best interest. It is important that all of our parents and athletes understand this and are committed to sharing our philosophy. We feel fortunate to have the best family and friendship bonds because we have the best parents and family support around! The CFA Staff is ready for another outstanding and successful year!

### By signing below, I/we agree to the following:

- All conversations in the parent viewing areas must be respectful and positive. Any rude comments could result in dismissal from the program.
- Practices and activities on and around the gym are being recorded for both security and safety.
- Only cheerleaders and coaches are allowed on the practice floor.
- The coaches reserve the right to close practices at any time for any reason.
- No athlete or parent may post inappropriate messages or comments on FACEBOOK, INSTAGRAM or any other social media/website about our own program, another program or individual.
- The CFA logo cannot be copied and printed on any individual apparel or other items.
- We reserve the right to dismiss your athlete from the program for any of the following reasons: inappropriate behavior, too many absences, a pattern of lateness, not showing to competition, or delinquent fees.
- No parent may ever reprimand or discipline someone else's child. We will handle any disciplinary problems privately and professionally.
- You agree to the CFA philosophy of team selection and agree to show sportsmanlike conduct at all times, understand that coaches' decisions are final, and the parent's position in the gym is to provide a positive outlook for all children.

## ABSENCES

Athletes are expected to attend every practice. Absences will be reviewed on an individual basis. Anything beyond 3 unexcused absences is highly frowned upon and may be grounds for dismissal from the program. Attendance will be kept throughout the season showing all absences and nature of absence. All summer absences due to other commitments/obligations or family visitation rights must be made known immediately. Understand that your child's participation is a year-long commitment and you will help us instill the importance of this dedication.

### EXCUSED absences include but not limited to:

- Death in the family
- School related function that reflects a grade
- A contagious illness with doctor's note

### UNEXCUSED absences include but not limited to:

- Jobs, Sickness, cramps
- Dances, birthday parties, concerts, etc.
- School projects and homework, High School Sports practices or events

**By signing below, I agree to cooperate in this manner.**

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## CHEERLEADER COMMITMENT AND PROGRAM RULES

I understand that coaches' decisions are final and will come to practice prepared to work hard at the sport I love!

I understand that my participation is a year-long commitment and my position and dedication to my team is important.

I will always show respect for the coaches, fellow teammates, other CFA Athletes, parents, judges, officials and spectators. Disrespectful behavior could result in probation from team or dismissal from the Central Florida Athletics (CFA) Program.

I will not post inappropriate messages on FACEBOOK, INSTAGRAM or any other Social Media/website regarding our own program, another program or individual.

I will be modest when our team is successful and gracious when we have a loss.

### Gym/Practice

- No Jewelry
- No long fingernails
- Bloomers and sports bra must be worn by ALL female athletes.
- Long hair must be pulled back in a hair elastic.
- All account balances must be current in order to practice.
- No parents, siblings, or friends will be allowed in the gym area.
- All cell phones must be left on silent or out of the gym.
- You must practice in cheerleading shorts, an appropriate top, and appropriate shoes.
- No gum, food, or colored beverages on the mats

### Competition, Camps or Clinics

- Hair must be done to coach's specification
- Make-up must be brought and worn at coach's discretion
- Attendance at all CFA functions is mandatory
- All team members will stay at events until released by their coach
- All cheerleaders will dress in specified CFA attire at all events
- Central Florida Athletics cheerleaders and parents/family members will conduct themselves in proper behavior at all times (i.e. practices, competitions, on the internet, and all other events)
- Zero tolerance will be implemented for fighting or the use of alcohol or drugs at any CFA function
- Tobacco and the use of profanity will be punishable at the coach's discretion
- Set a positive example for others to follow
- Be respectful and courteous to everyone
- Refrain from gossiping or any form of verbal or physical confrontation
- Refrain from celebrating the misfortune or defeat of another person, team, or program
- Accept team placement and awards with dignity and class

**By signing below, I agree to commit my time, skills, and abilities to my team for the 2018-2019 season.**

\_\_\_\_\_  
Cheerleader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## PHOTO RELEASE & ACCEPTANCE

I, as parent/guardian of \_\_\_\_\_, grant permission to Central Florida Athletics to use photographs or video taken of my child at the Central Florida Athletics (CFA), competitions, performances, or fundraisers for use in publications, CFA's website or other electronic forms or media to promote the CFA cheer program.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Central Florida Athletics including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including, but not limited to any misuses, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that product, its publication or distribution.

**I have read this release & by signing below, I acknowledge I fully understand the contents, meaning and impact.** I understand that I am free to address questions regarding this release by submitting those questions in writing. My failure to do so will be interpreted as a free/knowledgeable acceptance of the terms of this release.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## FINANCIAL OBLIGATIONS

All payments are due on the 1st of each month. Payments received AFTER the 5th will result in a \$30.00 late fee and will be automatically charged to your account. Failure to meet Payment Deadlines and lack of reasonable and fair communication regarding payments will result in your child's loss of services (sitting out of practice) and/or dismissal from the program. Please note, we reserve the right to replace the athlete if this happens.

Phone calls, emails and meetings regarding past due accounts are a courtesy. Fee schedules are supplied at the beginning of the season. It is your responsibility to make your payments on time and in full.

**Your Cheerleader's Account must be at ZERO balance by the following dates during the season, or will result in loss of services (sitting out of practice) and/or dismissal from the program:**

- July 31, 2018
- September 30, 2018
- November 30, 2018
- January 15, 2019
- March 1st, 2019

### Terms and Conditions:

1. Tuition does not fluctuate based on the number or duration of practices in any month nor is it based on the athlete's attendance.
2. Tuition pays for training. It does not pay for the right to perform.
3. All payment due dates must be met.
4. A \$30.00 late fee will be charged to your account after the 5th of the month.
5. An athlete's account must be current to participate in practices/competitions/special events.
6. CFA reserves the right to remove an athlete from their team at any time for failure to keep up with financial obligations.
7. Any monies received from an athlete/parent will be applied first to any overdue tuition/fees.
8. Your athlete has ONE account. If your cheerleader has separate parents/people that pay for her account CFA will consider the total outstanding amount as due. We cannot interpret your 'half' as paid and the other half is outstanding because the other party did not pay. In this situation, the cheerleader's account will have an outstanding balance.
9. All tuition/fees must be current before an athlete may collect any clothing/uniform or other retail items.
10. If an athlete chooses to leave or if asked to leave CFA for any reason before the season is over, any and all funds are completely non-refundable.
11. CFA reserves the right to turn over all delinquent accounts to a collections agency and the parent/athlete will be responsible for all additional costs incurred.
12. The CFA coaching staff reserves the right to make changes to teams by adding, re-arranging or removing athletes to or from teams **AT ANY TIME WITHOUT NOTICE**. These changes can be made based on talent level, attitude, lack of improvement, absences and/or tardiness, lack of financial responsibility, or personality conflicts between athletes, coaches and parents. **NO REFUNDS WILL BE GIVEN IF YOUR CHILD IS ASKED TO LEAVE OUR PROGRAM.**
13. All Fees are non-transferrable and non-refundable.

**By signing below, I understand these rules and regulations, the payment and financial obligations, and fully agree to comply with all the above.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Annual Registration - Permission - Health Form

This Annual Registration Form is for all Central Florida Athletics LLC activities. I understand that it is my responsibility to notify Central Florida Athletics LLC in writing as to any changes in the status of my permission or my child's health history prior to their participation in any Central Florida Athletics LLC activities.

I give permission for my child to participate in all Central Florida Athletics LLC activities until I have provided written revocation of this permission, including those activities held away from the regular activity sites. I understand that Central Florida Athletics LLC will inform me as to off-site activities and locations prior to my child's participation.

I will be responsible for transportation to/from activities or am willing to permit Central Florida Athletics LLC to select transportation methods for my child.

I will notify Central Florida Athletics LLC if the Emergency Contact will be away from usual phone contact while my child is participating in a Central Florida Athletics LLC activity.

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ School Grade \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_
Work# \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_
Emergency Contact (other than parent) \_\_\_\_\_ Relationship to child \_\_\_\_\_
Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_
Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_
Name of Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_
Should your child be restricted in/from any activity? Yes \_\_\_ No \_\_\_ If yes, please list:

\_\_\_\_\_ (Please attach a separate page if additional space is necessary.)

Please complete the following questions about your child's health history. Circle yes or no and/or fill in the appropriate blanks.

Any recent exposure to contagious diseases? Yes No If yes, what disease? \_\_\_\_\_ When? \_\_\_\_\_
Any recent operations? Yes No If yes, give type of operation and date: \_\_\_\_\_

Any recent serious injuries/illness? Yes No If yes, give description and date of injury/illness: \_\_\_\_\_

List present medications and why medication is being taken: \_\_\_\_\_

Table with 4 columns: Condition, Yes, No, and Yes/No. Rows include Asthma, Diabetes, Chronic Infection of (Nose, Ears), Subject to (Fainting, Bedwetting, Nose Bleeds), Lung Disease, Takes Insulin, Throat, Sinus, Headaches, Sleepwalking, Restlessness, Epilepsy, Cardiovascular, Hyperactivity, Motion Sickness.

Does your child have any type of allergies? If yes, please list: \_\_\_\_\_

If your child is female, has she menstruated? Yes No Is the menstrual painful and/or irregular? Yes No
Last Tetanus inoculation date \_\_\_\_\_ Any other additional information \_\_\_\_\_



I agree that the information I have provided on this form is true and complete to the best of my knowledge. **Parent initials:** \_\_\_\_\_

Should you desire Central Florida Athletics LLC to administer your child=s mediation, a written consent form must be completed by the parent and given to Central Florida Athletics LLC. Central Florida Athletics LLC may refuse to give mediation. Medication must be in a proper container with the child=s name and dosage information clearly marked. **Parent initials:** \_\_\_\_\_

If the child has suffered a serious accident or illness within the past twelve (12) months, is subject to a serious health condition, or there is any question about activity restriction, further information from the child=s doctor or specific permission to participate may be required at the discretion of Central Florida Athletics LLC. Central Florida Athletics LLC=s staff and volunteers are not qualified to care for some children with special needs. Central Florida Athletics LLC will only accept those children after evaluation. **Parent initials:** \_\_\_\_\_

In the event that my child suffers any illness or injury requiring emergency treatment while involved in any Central Florida Athletics LLC activity, I hereby give my permission for any necessary hospitalization, medication, surgery on the recommendation of medical personnel, in which case I will be solely responsible for all costs. **Parent initials:** \_\_\_\_\_

#### **RELEASE, HOLD HARMLESS AND EXCULPATORY AGREEMENT**

Physical activities like cheerleading, tumbling and gymnastics, as with all sports activities, carries an inherent risk of bodily injury or even death. These risks also extend to those present in our facility even if they are not actively participating in the activities. Such risks can be minimized through proper instruction, supervision and education, but such risks can never be eliminated. Your knowledge and appreciation of these risks is extremely important to your making an informed decision.

By signing this document, either individually, and/or in the capacity of a natural or legal guardian, you acknowledge the inherent risks of bodily injury, psychological injury, or even death, in cheerleading, tumbling and sporting activities, as well as through presence as a spectator. By signing this document, you, individually and/or in the capacity of a natural or legal guardian, hereby release, hold harmless and exculpate Central Florida Athletics LLC, its owners, employees, volunteers, agents and representatives, from any and all liability for their negligence in allegedly bringing about bodily injury, psychological injury or death, as well as to any claims of negligence, as set forth above, further extends to any defective condition of the premises whether or not known to Central Florida Athletics LLC, or its owners, employees, volunteers, agents and representatives, and whether occurring on or off premises or during transportation to or from the premises or other events.



**\*\*NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN\*\***

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CENTRAL FLORIDA ATHLETICS LLC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CENTRAL FLORIDA ATHLETICS LLC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CENTRAL FLORIDA ATHLETICS LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Staff use only: Date registered** \_\_\_\_\_ **Payment type/check #** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_





## Financial Commitment/Credit Card Authorization Form

I have read and fully understand my financial commitment to Central Florida Athletics outlined in this tryout packet. I understand that my commitment is for the 2018-2019 All-star competitive season. I understand that I am giving my credit card/debit card information, and that this information will be used to process a payment if I do not meet payment deadlines to Central Florida Athletics. I understand that I forfeit any monies paid if the Athlete chooses to leave a team or is asked to leave the program. I understand that I am entering this payment program of my own free will.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name as It Appears on this Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Card: (CIRCLE ONE) Visa MasterCard Discover American Express

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code (Back of card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Athlete's Name \_\_\_\_\_

Everyone is required to submit credit card information and to be on auto-pay. Accounts are due on the first of every month. Payment is expected on or before the 5th of the month. Your credit card will be charged for any outstanding balance on the 6th. Non-payment and/or declined credit card will result in a \$30.00 late fee.