

Please choose ONE Program:

- Camp/Clinic
- Rec Cheer
- Gym Rental
- Birthday Party
- Open Gym
- Private Lesson



**Athlete Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Gender: F or M      Grade: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian #1: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone #1: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Last Four of SS#: \_\_\_\_\_  
Parent/Guardian #2: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone #2: \_\_\_\_\_  
Email: \_\_\_\_\_

**Medical Information**

Please list any physical/psychological limitations, health conditions, injuries, or weaknesses that may affect the athlete's participation and/or performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
Medications (ALL): \_\_\_\_\_  
\_\_\_\_\_

All students must pay a \$50 yearly membership fee, apart from rec cheer, open gym & camp/clinics. If a rec cheer, open gym, or camp/clinic participant chooses to enroll in a tumble class, private lesson or joins an IU cheer team, they will be required to pay this annual gym membership fee at time of enrollment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

## Hold Harmless and Indemnity Agreement and Release

1. As a parent or legal guardian of the participating person, I give my consent for him/her to participate in the Indiana Ultimate, Inc. All-Star and Tumbling program. I understand that training in any sport can be dangerous. With that being said, I also understand the risks that come along with the named sport. I also understand that participating in gymnastics, stunting, cheerleading, dance, strength training, sports training and related activities may result in unavoidable injuries due to the sport, heights, and motions involved. Injuries such as muscle strains, pulls, tears, bruises, dislocations, and broken bones are just a few small injuries that might occur more than once in the course of a season. Severe injuries, such as permanent paralysis or even death could occur as well. I am fully aware of the risks and possibility of injury involved.
1. As a parent or legal guardian, I agree to provide health insurance for the participant and pay any medical expenses incurred because of training, performing, or participating in activities of the Indiana Ultimate, Inc. All-Star program.
2. In consideration for allowing the named person to participate in the activities of Indiana Ultimate, Inc. All-Star program. I waive any or all rights or causes of action against Indiana Ultimate, Inc., its employees, shareholders, directors, owners, officers, coaching staff, and Indiana Ultimate All-Star cheerleaders/dancers for any injuries or death suffered to my child. I agree to hold Indiana Ultimate, Inc., its employees, shareholders, directors, owners, officers, coaching staff, and Indiana Ultimate All-Star cheerleaders/tumblers harmless against any such claim growing out of or resulting from any injury or death to the below named person in connection with the above named activity, and to indemnify reimburse and make good any loss, damage or cost that Indiana Ultimate, Inc. may have to pay if any litigation or claim arises from injuries or death including cost of court and attorney's fees.

Signature of Parent/Guardian: \_\_\_\_\_

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

## Financial Agreement

1. As a parent or legal guardian, I agree to pay all dues and monthly bills by the scheduled due date. I understand that if my bill is passed due, then I will be charged a \$25 late fee. If my credit card fails, I also understand that there will be a \$35.00 fee, plus any late fees incurred, after the credit card failure. If in the event your account becomes 45 days delinquent, you may be turned over to collections and you will pay all related Attorney fees.
2. The undersigned understands and agrees that if the undersigned fails to pay any amounts due to Indiana Ultimate, Inc. including but not limited to principal and accruing interests amounts (with interest on all amounts past due accruing at the greater of 1-1/2% per month or the highest rate allowed by applicable law), the undersigned agrees to pay Indiana Ultimate, Inc. all collection and any litigation, including attorney's fees and court costs incurred by Indiana Ultimate, Inc. to recover such amounts.

Signature of Parent/Guardian: \_\_\_\_\_

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

## Photo Release

As a parent or legal guardian of the participating person, I give my consent for Indiana Ultimate, Inc to use images of participant in print publications, online publications, presentations, websites, and social media.

Signature of Parent/Guardian: \_\_\_\_\_

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