



VIP Athletics
 2110 Earlywood Drive
 Franklin, IN. 46131
 (317) 494-6368
 vipathleticscheer.com

EVALUATION/TRIAL INFO	
DATE AND TIME:	_____
LEVEL PLACEMENT:	_____
STAFF INITIALS:	_____
REFERRED BY:	_____

VIP ATHLETICS REGISTRATION FORM

Student's Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact Information:

Contact Name(s): _____ Phone Number: _____

Relationship to child: _____

Insurance Information:

Carrier: _____ Group # : _____ Phone: _____

TUITION PAYMENT AGREEMENT

In consideration for the acceptance of _____ as a student at VIP Athletics, I hereby consent and wish to have my child enroll and actively participate in the program(s) described above under the authority of VIP Athletics. I further attest and acknowledge that my child is in good health and condition and is physically able to participate.

I agree to **pay all tuition and fees required by the 25th of each previous month** and will be considered late on the 26th of the month. **A \$25 late fee will be added to my account on the 26th.** I understand that I will be held responsible for payment for any and all attorney fees and court cost should it become necessary to use legal action to collect outstanding fees. I agree to pay **\$30 for any return checks for NSF** and the cost of any stop payments. I also understand that VIP Athletics is not obligated to refund any prepaid fees.

Make up lessons will be arranged for those students who call VIP Athletics and give proper notice of sickness, games, etc. Only one make up per month/session is allowed and I understand that there will be **NO REFUND** for any missed classes. **PROPER NOTIFICATION IS A MUST FOR A MAKE UP**

You must give a 30 day notice when dropping from a class. If proper notice is not given, you will be billed for each month until proper notice is given.

I have read and understand all VIP Athletics payment, safety, rules and regulations. Staff Initials and Date _____

* VIP Athletics reports to all credit reporting agencies*

Guardian's Signature _____ Date _____

FORM CONTINUED ON OTHER SIDE

INTERNAL USE ONLY:	
Coach: _____	Amount Paid: _____ CASH CC CHECK# _____
Day & Time: _____	Start Date: _____ QB ___ Email ___ ICP ___
Class Level: _____	Registration Fee Paid: YES NO

LIABILITY/MEDICAL RELEASE

In consideration of VIP Athletics accepting my child into participation and training in cheerleading, dance, gymnastics, exercise, which activity I hereby acknowledge involves greater than normal risk of injury. I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connections with participation and training in cheerleading, dance, gymnastics, exercise classes, and programs.

I give permissions to VIP Athletics and/or appropriate medical facility to take whatever emergency (first aid, disaster evacuation etc.) measures are judged necessary for the care and protections of my child while under the supervision of VIP Athletics.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems if necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physicians, and/or other adult acting on the parent's behalf.

WARNING CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY.

Further, I hereby release and agree to hold harmless and indemnify VIP Athletics, Owners, Employees or Volunteers from any claims, losses, or expenses incurred on behalf of me, my child or my child's family.

Guardian's Signature _____ Date _____

*Student may sign if over 18 years of age.

TUITION PAYMENT OPTIONS

_____ **Option 1 Automatic Debit of my Credit Card or VISA check card**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS TO CREDIT CARD/ DEBIT CARD

I (we) hereby authorize **VIP Athletics** to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my (our) Credit Card account indicated below and the DEPOSITORY, to DEBIT and/or CREDIT the same to such account.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS TO CREDIT CARD/ DEBIT CARD

I (we) understand that it is my/our responsibility to have the monthly payment into the office **BEFORE THE 25TH OF THE PREVIOUS MONTH**. If I fail to do so, I (we) hereby authorize **VIP Athletics** to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my (our) Credit Card account indicated below and the DEPOSITORY, to DEBIT and/or CREDIT the same to such account.

_____ MasterCard _____ Visa

Credit Card Number: _____ Zip Code _____

Expiration: _____ CVS: _____ Amount: _____

_____ **Option 2 Monthly payment by cash/check/credit card/check card (Non Automatic)**

*This authority is to remain in full force and effect from _____ or until VIP Athletics has received at least a 30-day written notification from me (or either of us) of its termination in such manner as to afford VIP Athletics and DEPOSITORY a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____ Date: _____