

Welcome to Floor Tumble & Jumps Class (9-18yrs)

Please see our website for available sessions for this class

Classes run in 6 week sessions for 1 ½ hours once per week. The cost is \$75.00 per participant per session. A \$35.00 registration fee is also due at the start of your first session. The registration is an annual fee good through April 2009 towards any program or class at our facility.

Our Floor Tumble & Jump Classes are designed to teach individuals how to tumble and/or continue to advance their current tumble skills, improve their jump techniques, as well as condition and strengthen their body. The class's main focus is on teaching tumbling skills including: drills and exercise needed to achieve a standing backhandspring and round off backhandspring. Students who are ready to advance to tucks and layouts will focus on these skills during class.

While having fun is our main objective, there are some guidelines you must abide by and agree to when taking the class. Please read through the following guidelines & rules thoroughly. There are 2 forms to be signed, dated, and returned to us no later than your first day of class. No student will be allowed to participate without these forms.

Guidelines & Rules

Please come to class on time and prepared. Students should wear a T-shirt, shorts, and sneakers (preferably cheer sneakers). Hair should be tied back securely away from your face; absolutely no jewelry! If students come unprepared to class (i.e. wearing inappropriate attire, without sneakers, etc.) they will not be allowed to participate in class.

Students are not allowed to practice stunts or gymnastics without a coach's direct supervision. We do not accept responsibility for injuries before, during, or after practice when a coach was not involved in or overseeing the situation.

At Stellar Cheer we strive to provide everyone with a positive environment. We work towards showing all individuals encouragement and positive coaching techniques. One of our rules at Stellar Cheer is that all students must display a positive attitude at all times. *Negative attitudes and disrespect are not acceptable from anyone and may be considered grounds for removal from our program. We ask that students show respect to their classmates, coaches, parents, and other students in our gym.*

Class attendance will be taken every week. If you should miss a class, 1 class per session may be made during our makeup classes. Please see the front desk to schedule.

If you wish to pre register: please detach this bottom portion and mail along with the financial policy and medical release form. Please enclose your check made payable to Stellar Cheer Inc. (please include your \$35 registration fee if you have not enrolled previously in any programs or classes)

Student(s) Name: _____

Please list the Floor Tumble & Jump Session you are enrolling in: _____

Mail to:

Stellar Cheer INC. PO BOX 205 Pipersville, PA 18947

Stellar Cheer Financial Policies 2008-2009

Learn 2 Cheer, Floor Tumble & Jump, and all other classes.

1. Session class fees are due at the start of each session and a late fee of \$10 will be assessed after 5 days. "Pay as you go" class fees are due at the start of each class.
2. After 5 days without receipt of your payment for session classes you will not be permitted to attend your class until fees are paid. Students who do not pay upfront for "pay as you go" class fees will not be permitted to participate.
3. A \$25 fee will be charged on all returned checks.
4. In general Stellar Cheer Inc. has a **NO RETURN** Policy for all items purchased and fees paid.
5. Upon joining one of our classes or programs a \$35 annual registration fee is due. This fee is good through April 2009 towards any class or program in our facility.
6. Stellar Cheer Inc. accepts the following forms of payment: check or cash.

Any member involved in Stellar Cheer's program has a financial obligation to the gym. You are obligated to pay fees on time and fees are non negotiable. By signing this Financial Policies form, you are giving your full commitment to Stellar Cheer and the financial obligations involved in the class and/or program.

Thank you in advance for your cooperation with these policies.

Student's Name(s) (please print) _____

Parent Name (please print) _____

Parent signature _____

Date _____

Stellar Cheer Athlete Information & Medical Release Form 2008-2009 Season

All information is required on this form, without complete information athletes may not participate.

Please print in pen clearly.

Athlete Name _____

Address _____
(if your mailing address is a PO Box, please list that address above)

City, State, Zip _____

Parents Name(s) _____ Athlete birth date _____

Main Phone (____) _____ Other Phone (____) _____

Emergency Contact Name: _____
(this must be someone other than a parent in the case of emergency that we are unable to reach a parent. We will make an attempt to first contact a parent before calling this contact) Emergency Ph:(____) _____

Grade as of 07/08 school yr. _____ School _____

Parent Contact e-mail _____
Please list a contact e-mail that you can be reached where we may send you important information. DO NOT list any child e-mail address, thank you.

Referred by: (name, newspaper, website, etc.) _____

Medical Authorization and Release

I authorize Stellar Cheer Inc. and it's representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give Stellar Cheer Inc. permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Stellar Cheer Inc. instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

Stellar Cheer Inc. strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (i.e. Tumble Trak , Gymnastics floor, trampoline, etc.) creates the possibility of serious injury, and I further agree to hold Stellar Cheer Inc. and it's staff and officers harmless for any injury or resulting expenses. I realize and discharge all rights and claims against Stellar Cheer Inc. and it's parties.

Parent/Legal Guardian Signiture: _____ Date _____

Please list any physical/psychological Limitations, injury, or weakness that may affect the athlete. This must include any previous injury history. Please list the injury and the date/year it occurred.

Any medicines allergic to: _____

Doctor Office: _____ Dr. Phone:(____) _____

Insurance Carrier: _____ Policy Number: _____

Please double check you have filled out this entire form in full before submitting, thank you.