

CHAMPION CHEER STARS COMMITMENT PACKET 2017-18

Please complete and return by December 11, 2017



CHAMPION CHEER STARS THE DEVELOPMENTAL CHEER PROGRAM



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

#SEASON2





CHAMPION CHEER STARS
THE DEVELOPMENTAL CHEER PROGRAM

2017-18 REGISTRATION FORM

Student Name: _____ Age: _____

School Name: _____ Grade: _____

Cheer Star Team: _____

Parent Name: _____

Address: _____

Parent Cell #: _____ Secondary/Cell #: _____

Parent Email Address: _____

Emergency Contact: _____ Emergency #: _____

Payment Method: _____ Amount: _____ Check # _____

Champion Cheer Stars Program Policies, 2017-18

ATHLETE RESPONSIBILITIES

- 1) *Respect your coaches, your teammates, and yourself!*
- 2) *Be at ALL scheduled team events on time, ready to go, every time!*
- 3) *Understand that WE comes before ME!*
- 4) *Never, never, never, never quit. There are no refunds. If you do quit or are released from the program for any reason, all fees are still due in full. (initial) _____*

PARENT RESPONSIBILITIES

- 1) *Get your athlete to ALL events on time, ready to go, every time!*
- 2) *Pay your fees on time!*
- 3) *Support your coaches, your team, your athlete, every time! (initial) _____*

Attendance: Attendance is expected at all scheduled events. By joining the program, parents and athletes are committing to regular attendance at weekly practices and mandatory attendance at all competitive events. *(initial) _____*

PAYMENT STRUCTURE: The cost of the Champion Cheer Stars program is \$289. Additional siblings receive a \$20 discount, totaling \$269. For the convenience of our families, payments may be made one of three ways:

- 1) Pay the \$289 amount in full by December 15(save 5% for a total payment of \$274).
- 2) Pay the \$69 registration in full by December 15, and make 4 additional monthly payments of \$55 on the 15th of the month, December 2017-March 2018.
- 3) Pay 4 monthly payments of \$75 on the 15th of the month, December 2017-March 2018. The first payment of \$75 MUST be received by December 15, 2017 to participate in the program.

Athletes participating in the monthly payment plan who choose to leave the program early will still be required to complete all monthly payments. There is no discount for choosing to leave the program before completion of the 2017-18 season. (initial) _____

Payments by check should be written to "Champion Cheer Stars." Hot Shots Cheerleading will be responsible for collecting payments made by credit/debit card using their current credit/debit charging account.

Parent Signature: _____ Date: _____

Champion Cheer Stars Financial Contract 2017-18

Parent Name: _____ Address _____

Child Name #1 _____ Child Name #2 _____

Child Name #3 _____ Child Name #4 _____

Please indicate the payment plan you are selecting by placing a "1" in the space beside the desired plan. If you have more than one child in the program, please indicate the total number of plans you are purchasing.

_____ **Bronze Plan**, 4 monthly payments of \$75 on the 15th of the month, December 2017-March 2018
_____ **Bronze Plan**, Additional Sibling, 4 monthly payments of \$70 on the 15th of the month, December 2017-March 2018(siblings receive a \$20 discount on the program).

_____ **Silver Plan**, \$69 registration fee payment, plus 4 monthly payments of \$55 on the 15th of Dec-March 2018.
_____ **Silver Plan**, Additional Sibling, \$69 registration fee payment, plus 4 monthly payments of \$50 on the 15th of the month, December 2017-March 2018(siblings receive a \$20 discount on the program).

_____ **Gold Plan**, Single payment of \$289 by December 15, 2017(save 5% for a total payment of \$274).
_____ **Gold Plan**, Additional Sibling, Single payment of \$269 by December 15, 2017.

Gold Option _____ (initial) I will pay the 4-month contract fee in full by December 15, 2017 by check, cash, or debit/credit card at a 5% discount off total amount due(\$274).

Silver Option _____ (initial) I will pay the registration fee by December 15, and make 4 monthly payments of \$55 by automatic draft of a credit/debit card on or about the 15th day of each month, Dec 2017-March 2018. The first monthly draft will occur on or about Dec 15, 2017.

The monthly amount approved to be drafted on or about the 15th of each month is \$_____. (initial)_____

Bronze Option _____ (initial) I will make 4 monthly payments of \$75 by automatic draft of a credit/debit card on or about the 15th day of each month, Dec 2017-March 2018. The first monthly draft will occur on or about Dec 15, 2017.

The monthly amount approved to be drafted on or about the 15th of each month is \$_____. (initial)_____

*It is understood and agreed that if my automatic draft is rejected, declined, or returned for any reason, a "returned charge fee" of \$35.00 per occurrence will be added to my account and must be paid in cash immediately, in addition to the outstanding balance resulting from the failed automatic draft attempt. A monthly late charge of \$35 will also be added to the account for any outstanding balances, and will continue until the balance is resolved. (initial) _____

*It is understood and agreed that there will be no refunds issued to anyone who quits or is dismissed from the program before the full completion of the season. (initial) _____

Total Amount Due: _____ **Parent Signature** _____ **Date** _____



Hot Shots Cheerleading and Tumbling Center, Inc.
Authorization Agreement
Auto Payments (DEBIT AND CREDIT CARDS)

I (we) hereby authorize Hot Shots Cheerleading and Tumbling Center, Inc, for debit entries to my (our) account indicated below, to debit same to such account. I (we) acknowledge the origin of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) acknowledge there are no refunds pertaining to this debit system.

I (we) acknowledge there will be a \$35 return fee added to each transaction if funds are not available when charges occur, based on the agreement I made with Hot Shots Cheerleading, and late fees will continue to accrue at \$35 per month until all outstanding balances are resolved.

Parent Signature: _____ Date: _____

Champion Cheer Stars Credit/Debit Form 2017-18

All students participating in monthly payment plans MUST fill out this form.

Debit/Credit Cards Only

Card Type Card Number CVV Code Exp Date

Card Holder Name Card Holder Signature Billing Zip Code

This authority is to remain in full force until Hot Shots has received written notification from me (or either of us) of its termination, and in such a time and manner as to afford Hot Shots a reasonable opportunity to act on it.

PRINT Cardholder Name Cardholder Signature Date

Please list anyone who has authorization to place charges on this card other than the cardholder:
