

Hot Shots Show Stopper Commitment Packet 2017-18

Please complete and return by Nov 6, 2017



BLING IT ON

#18 STRONG



10/10/2017

To the “Bling It On, #18 Strong” Hot Shots All Star Family,

First and foremost, WELCOME to the Hot Shots All Star program, Season 18! We are so excited that you have chosen to make Hot Shots your all-star training home for the 2017-18 season. As the owners and operators since 1999, we are looking forward to another awesome competitive year, including the chance to develop new relationships of trust, confidence, and respect with parents and athletes new to our program. For parents and athletes returning for another season, we are blessed with the opportunity to further strengthen, affirm, and enhance the incredible partnerships that we, TOGETHER, have developed along the incredible journey that is all-star cheerleading!

Whether a first-year All Star or a seasoned veteran, we want you to know that your decision to participate in our program plays a vital role in the overall success of the Hot Shots All Star teams, coaches, and gym. When it comes to competitive cheerleading TEAMS, there can be no question that “**T**ogether, **E**veryone **A**chieves **M**ore(TEAM)!” The purpose of this commitment packet is to clearly communicate what is required to be on TEAM Hot Shots for the 2017-18 season, to make sure EVERY member of our TEAM understands how seriously we take this commitment, and how seriously we expect TEAM members, athletes and parents alike, to uphold this commitment. Participation in the Hot Shots All Star program requires a serious investment of both time and money. We want you to know that we will always protect and honor your commitment of precious time and vital resources by a strict enforcement of the Hot Shots All Star Program Policies and Hot Shots All Star Financial Contract included in this commitment packet. Should you have any questions, please do not hesitate to contact us.

Blessings, and Let’s Go Hot Shots!

Grant and Rachel Magness
Owners/Hot Shots Cheerleading and Tumbling Center, Inc.
181 Iron Street
Rome, GA 30165
hotshotscheer@aol.com

Hot Shots Show Stopper 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, your gym, every time!*
- 4) *Dress out in team colors and Hot Shots gear to support your athlete! Cheer loud and proud to support the program! (initial) _____*

CONFLICTS: Attendance is expected at all scheduled events. Excused absences are for sickness with a doctor's note, death in the family, and school event for grade. Things happen, things come up. If given two-week's notice of a conflict involving a scheduled practice, the coaches will do their best to come up with an alternative practice time that is respectful of all team members. We cannot promise to work around conflicts arising inside of two weeks.

If you are involved in additional school clubs, sports, etc., we highly encourage you to go to those coaches and teachers in advance, to let them know of your investment and commitments to the Hot Shots All Star program. "An ounce of prevention is worth a pound of cure!" For summer conflicts, please complete and submit an "absence request form" to notify the coaches of your family vacation dates. (initial) _____

PAYMENT STRUCTURE: THE COST OF THE SHOWSTOPPERS PROGRAM is broken up into 6 monthly payments for the convenience of our families. Any participant who adds later than Nov15 (date of first monthly payment) will still be responsible for a total of 6 monthly payments. There is no "discount" for starting the program later in the season. (initial) _____

Parent Signature: _____ **Date:** _____

Hot Shots Show Stopper Financial Contract 2017-18

Parent Name: _____ Address _____

Child Name #1 _____ Child Name #2 _____

Child Name #3 _____ Child Name #4 _____

Please indicate the 6-month payment plan you are selecting by placing an "x" 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 , \$109/month for 6 months (\$654), Nov 15, 2017-Apr 15, 2018
_____ Bronze Plan , Additional Sibling, \$94/month for 6 months (\$564), Nov 15, 2017-Apr 15, 2018

_____ Silver Plan , \$129/month for 6 months (\$774 total), Nov 15, 2017-Apr 15, 2018
_____ Silver Plan , Additional Sibling, \$114/month for 6 months (\$684), Nov 15, 2017-Apr 15, 2018

_____ Gold Plan , \$149/month for 6 months (\$894 total), Nov 15, 2017-Apr 15, 2018
_____ Gold Plan , Additional Sibling, \$134/month for 6 months (\$804 total), Nov 15, 2017-Apr 15, 2018

_____ Season Pass , \$179/month for 6 months (\$1074 total), Nov 15, 2017-Apr 15, 2018
_____ Season Pass , Additional Sibling, \$164/month for 6 months (\$984 total), Nov 15, 2017-Apr 15, 2018

Option (1) _____ Pay the 6-month contract fee in full by Nov. 15, 2017 by check or cash ONLY at a 5% discount off total amount due (not available via debit/credit card).

It is understood and agreed that there will be no refund issued to anyone who quits or is asked to leave the program before the full completion of the 2017-18 season. (initial) _____

Option (2) _____ Make 6 monthly payments by automatic draft of a credit/debit card on or about the 15th day of each month, Nov 15, 2017-Apr 15, 2018. The first monthly draft will occur on or about Nov. 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 my child may not be able to participate in weekly all-star practices until full monthly draft amount and applicable fees have been received each month. (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: _____

All Star 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:
