


Please Bill: \$ \_\_\_\_\_ For: \_\_\_\_\_ For Months: \_\_\_\_\_ Notes: \_\_\_\_\_

Class		X	 <b>Westside Cheerleading</b> 615-352-8500 x137		For Office Use	
Tumble I Mon 3:45-4:45					Start Date	
Tumble I Mon 4:45-5:45					End Date	
Tumble II Mon 5:45-6:45					Sibling Discount	
Tumble II/III Tues 5:45-6:45					Multiple Class Discount	
Mini Cheer Wed 4:45-5:45			Member Discount			
Youth Cheer Wed 4:45-5:45			<b>Class</b>	<b>X</b>	Reg. Fee	
Advanced Cheer Wed 5:45-7:45			Tumble II Thurs 4:45-5:45		Monthly Fee	
Tumble I Thurs 3:45-4:45			Youth All-Stars T/TH 4:30-6:00		Referred By	
Tumble I Thurs 4:45-5:45			Senior All-Stars T/TH 5:30 - 7:30		1 <sup>st</sup> payment	

Name of Cheerleader: \_\_\_\_\_

F/M: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 (if not parent)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Any Medical Conditions, Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Please complete both boxes:**

In giving my child permission to participate in Westside's Cheerleading Program, I acknowledge that, while not common, any activity that involves height and motion (such as tumbling and stunting) involves risk of injury, ranging from minor (bruises and sprains) to more serious & catastrophic injuries. I hereby release Westside, their officers, owners, employees, and agents from any and all claims for damages to persons or property which might arise as a result of an accident occurring while my child participates in Westside's Cheerleading Program. This release includes class participation, shows, demonstrations, competitions, & transportation to such events.

I hereby state that I have read and understand the above release.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROCEDURE FOR CANCELING CLASSES AND PROMISE TO PAY AGREEMENT**

I agree to pay for the classes that my child is enrolled in at Westside Cheerleading. Should I choose to withdraw my child from a class before season's end, I agree to send the business office at Westside a written notice of cancellation prior to withdrawing. I understand that the written notice to cancel must be received two weeks before the start of the next month's billing cycle, in order not to be billed for the following month. (This will prevent you from being billed and let us know that we will have available space for another child.) I understand that if written notice is not received, I will be held responsible to make the payment since there was a place reserved for my child. I agree to and promise to pay all fees associated with my child's participation at Westside Cheerleading. I further understand and agree that if I fail to make timely payments on my account I will be responsible for any and all late fees and, if applicable, reasonable costs of collection, including filing fees, as well as reasonable attorney's fees.

I have read the policies stated above and agree to abide by the terms of this agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your cancellation notification to: Westside Cheerleading, 11 Vaughns Gap Road, Nashville, TN 37205.