

Contract and Consent

_____, has my permission to try out for the Dance Force All Stars, (a division of Sonshine Academy, Inc.). I understand that he/she must abide by the rules and regulations set forth by the coach and owners of Sonshine Academy. I understand that if he/she is chosen to be on a squad that he/she is making a commitment to that squad for one year (October 2023 – February 2024) and that the only allowable reason for not participating or leaving a squad, without paying the Withdrawal Fee and the entire 5 months of Booster Club fees, is a season ending injury or a change in residence (moving). I understand that this form must be signed by the participant and a parent or legal guardian and be on file at Sonshine Academy in order to tryout.

Financial Obligation

I understand that I am required to be on bank or credit card draft for tuition payment. If there are circumstances that make that impossible - I agree to pay tuition by the 23rd of the month for the next month's tuition. If tuition is still NOT paid by the 3rd of the month for any reason – the cheerleader will not be able to attend practice until the tuition is current.

Medical Disclosure

I understand that cheerleading and gymnastics can carry a risk of physical injury. No matter how careful the participant and coach are, or how many spotters are used, or the type of landing surfaces used, the risk cannot be entirely eliminated. The risk of minor injuries may include but are not limited to strained muscles, sprains, dislocations, and fractures. Catastrophic injuries such as permanent paralysis and/or death could also result from falls. I understand these risks and will not hold Sonshine Academy or any of its employees responsible in the case of an accident or injury while participating in All Star cheerleading activities.

My signature below indicates the following:

- I have read the above statements and the All-Star Information Packet, Athlete Compliance, and Parent Compliance.
- Any action by a parent or cheerleader that does not follow the Code of Conduct may result in temporary suspension, dismissal, or some other form of discipline deemed necessary by the coaches and staff. Knowing this, I agree to abide by the Dance Force Arkansas Code of Conduct.
- I have been notified of the costs involved in participating on an All Star Squad.
- I agree for my child to participate on the squad chosen by the coaches.
- If I choose **NOT** to allow my child to be on the squad assigned by the coaches, I understand there will be a \$250 fee payable immediately.
- *I will pay the Withdrawal Fee if my child is evaluated and placed on a squad and I decide for them not to participate.*

The graduated Withdrawal fee is as follows:

\$250 if dropped before October 1

\$500 after October 1

Mother/Guardian name: _____

Mother/Guardian Signature: _____

Father/Guardian name: _____

Father/Guardian signature: _____

Athlete Name: _____

Athlete Signature: _____

Custodial name: _____

Custodial name: _____