

2020-2021

Registration Packet

Competitive Season





MMATC Cheerleading Contract

Parents and Athletes,

Thank you so much for choosing MMATC as your local gym. We realize that there are other gyms in the area and we appreciate you choosing us. The competitive cheer program is something that we take a lot of pride in and work very hard to ensure that the athletes get the best physical training possible. We have a lot of fun and work very hard to succeed. This is a year round sport and does conflict with many school sports so please consider the commitment that you make to this program and realize the sacrifices it may entail.

We ask that you read over this contract with your athlete and return the signed sheets to Coach Erin at the first practice. We want to thank you, parents, as well because we realize this commitment is not just for the athletes make but one that you do as well. We look forward to a fun and exciting year!

CHEERfully,

Coach Marty and

Coach Erin

Competitive CLUB Cheer

martymcqueenatc@gmail.com

(850) 590-4314

martymcqueenatc.com

2020 Registration Form – Competition

Athlete Information			
Athlete Name:	Sex:	Age: (As of 8/31/20)	DOB:
Mother's Name:	Father's Name:		
Mother's Cell:	Father's Cell:		
Mother's Email:	Father's Email:		
Address:	City:	ST:	ZIP:
Emergency Contact:	Emergency Phone:		
Are there any medical conditions/allergies to which we should be alerted?	No	Yes:	

The decision to join our team is a big commitment and reflects a year round commitment. Tuition is due by the 1st of the month, regardless of attendance. There are no make-ups or tuition adjustments due to illness, injury, vacations, etc. Again, competition season is a year round commitment, with tuition due 10 months of the year.

Registration fees are \$30 and will be charged annually on each anniversary of your registration date. REGISTRATION FEES ARE NON-REFUNDABLE.

Payments are due by the 1st of the month. It is the responsibility of the parents to pay each month, as we do not send out monthly statements. Payments received after the 7th will be subject to a \$25 late fee. Athletes will not be allowed to participate in practice if payment is not received by the 15th.

I fully understand the MMATC payment policies. In the event that my account is past due, I authorize MMATC to charge the credit card indicated above to collect payment for unpaid tuition that is outstanding on the 15th of each month. I understand the charges applied to my credit card will include a \$25 late fee.

I am aware that a check with insufficient funds will result in a \$30 returned check fee to cover bank penalty charges plus any additional fees.

MMATC requires a "30-Day Written Drop Notice" which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. By registering your child for our program you agree that, in the event it is necessary to take legal action to collect any amounts due and owing to MMATC, you will be held liable for costs and attorney's fees incurred by MMATC in collecting those amounts due. Team tuition is based on 10 months of training per year, meaning you are not paying for four weeks per month. You can also expect to see some practices canceled or cut short due to holidays, competitions, inclement weather, etc. Injured athletes are expected to participate to the extent possible. It is usually possible to work around injuries and turn a weakness into strength by increased work on flexibility, strength, or specific skills. Please remember there is no reduction in tuition for injuries.

I understand that participation in athletics involves motion, rotation and weight in a unique environment and as such involves the risk of injury. I understand also that as a spectator or parent participating in a parent-child class, there is also a risk of injury. I understand that I will be responsible for all medical expenses which may occur from my child's participation at MMATC. I also understand that it is the intent of MMATC to provide for the safety and protection of my child therefore, if I am not available, I authorize MMATC and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required. I understand that during this course of my child(ren)'s participation there may be pictures or videos taken of our teams and classes. By signing this registration form you give permission to Marty McQueen's Athletic Training Center to use the pictures and videos for advertisements, promotions, and/or social media for the gym.

I have read and agree to comply with these policies.

Parent Signature: _____

Date: _____

Acknowledgement, Authorization and Release Form

In consideration for (athlete name) _____'s participation in the activities provided by MMATC including but not limited to all aspects of gymnastics, cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release MMATC, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premises of MMATC, including any event sponsored or sanctioned by MMATC, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Florida law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend MMATC, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during such event sponsored or sanctioned by MMATC. This release is intended to be binding upon the athlete, his/her heir, assigned and successor in interest, and anyone claiming by or through him/her. In addition, I give MMATC permission to film, photograph, or videotape the above named athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with MMATC. I have read and understood the registration form and agree to all terms stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any MMATC activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes MMATC to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

MMATC Coaching Philosophy

1. We believe that every athlete has a strength that contributes to the success of the whole program.
2. We believe in developing the total athlete. We want the athlete to be physically fit, mentally ready, and emotionally strong. We strive to challenge our athletes to use ALL of their potential.
3. We believe that the most important part of our competitive program is the learning that goes on weekly during training. The lessons that the athletes learn regarding sportsmanship, accountability, determination, and focus will be carried on in their adult lives.
4. We believe in positive encouragement and finding the good in all situations.
5. **MMATC's mission is to provide a safe environment for all to practice and perfect the skills needed to succeed.**
6. We believe that **"GREAT TEAMS COME FROM GREAT INDIVIDUALS."**

Contract

**Parents, please initial on the line after reading each statement. Read and explain to your athlete and have them sign at the end of the statement. Sign the bottom and return in the child's folder at the first practice.

_____ I understand that in order to participate in this program I must and will abide by all of the rules, dates, and payments that were mentioned. _____

_____ I understand that my child must attend all practices, demos, and competitions. _____

_____ I understand that this is a 10 month financial agreement. I also understand that payments are due the 1st of each month. _____

_____ I understand that I will be required to purchase a practice, competitive uniform, and shoes. _____

_____ I understand that MMATC's goals for our athletes are to learn, perfect, and have fun. _____

_____ I understand that my child will not say "I can't" or have an "I can't" attitude. _____

_____ I understand that my child has experienced, knowledgeable coaches and their instruction is to improve my child's skills. _____

_____ **Only 2 unexcused absences are allotted per athlete.** Excused absences are ONLY illness with a doctor's note provided (without it, its unexcused) and family emergencies. After the 2nd unexcused, the athlete is removed from the team. _____

_____ I understand that no competition routine placement is final. I understand that coaches will have to adjust choreography at times. _____

_____ I understand that practice days and times may change throughout the year to accommodate coaches and the gym schedule. _____

_____ I understand that competition fees are never refunded or credited to my account. _____

_____ I understand that the "Budget Summary" in this packet is an estimated budget and prices are subject to change throughout the season. _____

_____ I understand that gym rules and competition schedule may change throughout the year, but not without notifying the parents first. _____

_____ I understand that while at competition I am responsible for my child, at the competition and in transport. The time coaches are responsible is at the facility of the competition. _____

_____ I understand that if I am unable to attend a competition, I will have another adult made responsible for my child. It is not the coach's responsibility. _____

_____ I understand that I need to be respectful of MMATC coaches and gym rules. I will support MMATC's program by being positive at all gym practices, meetings, and functions. _____

"I have read and initialed every statement above and agree with Coach Marty and Erin's rules for the program."

Signature of Parent/Guardian

Signature of Athlete

FINANCIAL AGREEMENT

2020

PARENTS:

We have put together a list of estimated expenses for you to ensure our fees are paid in a timely manner. We have also tried to break it down into something that we hope is manageable for all families.

ALL COMPETITION FEES ARE SUBJECT TO CHANGE PER THE COMPETITION COMPANY. FEES ARE BASED OFF OF CURRENT WEBSITES.

Below you will see a list of all *projected* expenses:

Registration Fee	\$30
Tuition	\$175 x 10 months
Practice Gear	\$95
Comp Uniform (includes skirt, shell, crop, bow, bloomers)	\$315
Shoes	\$70
Music/Choreography	\$50
Backpack (optional)	\$75
Warm Up Jacket (optional)	\$50
Comp Registration Fees	\$125/comp x 3
Total	\$2,810

- Total is **\$2,370.00** for the Competition session (excluding uniforms, bows, and hairpieces, and optional accessories).

ACCOUNTS

ATHLETES ARE NOT ALLOWED TO TAKE PRIVATE LESSONS IF THEIR ACCOUNT IS NOT CURRENT, REGARDLESS OF WHO IS PAYING FOR THE PRIVATE LESSON! VIOLATION OF THIS RULE COULD BE GROUNDS FOR DISSMAL OF BOTH THE ATHLETE AND COACH.

❖ Due Dates:

- All athletes **MUST** have a Debit/Credit Card Authorization form on file with the exception of those that chose the full payment method at the beginning of the season.
- A 2.5% processing charge will be added to all debit/credit card transactions.
- Tuition and fees are due on the 1st of the month. A \$25.00 late fee will be applied if payment is received after the 7th of the month. Place payments in the box next to the office.
- Failure to pay by the end of the month will result in dismissal from the team
- Failure to pay tuition by the 10th of the month will result in an electronic debit/credit from the card on file.
- All fees/tuition must be current or you will not be allowed to compete.

❖ Practice Uniforms:

- Uniform deposits must be paid before the uniform is ordered.
- Athlete will not receive uniform until balance is paid in full and the account is in good standing.



FINANCIAL AGREEMENT

I/we have received a copy of the Financial Contract. I/we have read all of the information provided in this packet and agree to abide by all of the rules and regulations. In addition, I am fully aware that competitive cheerleading is a large financial responsibility and I will commit to per the financial requirements of a program member. By signing this contract, I/we are agreeing to a 10 month contract. Forfeiture of this contract, for any reason unless agreed upon by administration, will result in the loss of my position in the program. I/we also understand that I must continue to make my monthly payments to the gym until I have my current and past financial responsibilities and any fees already paid. This includes travel, competitions fees, etc. I/we understand all accounts are to be current in order to sign up for any additional classes or private lessons.

Parent Signature

Date

Debit/Credit Card Authorization Form

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Debit/Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ Other

Debit/Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to my debit/credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign, and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed, return to the completed form to:

Marty McQueen's Athletic Training Center, LLC

3600 Weems Rd. Suite J

Tallahassee, FL 32317