



**CHAMPION CHEER ATHLETICS  
2011-2012 REGISTRATION FORM**

**Athlete's Name:** \_\_\_\_\_

**Age (as of Aug. 31<sup>st</sup>/11):** \_\_\_\_\_

**Athlete's E-mail:** \_\_\_\_\_

**Grade (as of Sept/11):** \_\_\_\_\_

**Health Card:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Parent # 1 Name: _____	Relationship: _____
Address: _____	
Home Phone: (    ) _____ - _____	Cell Phone: (    ) _____ - _____
E-mail Address: _____	
<small>All gym correspondence will be sent to this address as well as athlete's address.</small>	

Parent # 2 Name: _____	Relationship: _____
Address: _____	
Home Phone: (    ) _____ - _____	Cell Phone: (    ) _____ - _____
E-mail Address: _____	
<small>All gym correspondence will be sent to this address as well as athlete's address.</small>	

**MEDICAL**

Allergies (please circle):    bee stings    drug (specify): \_\_\_\_\_    food (specify): \_\_\_\_\_

Medical conditions we should be aware of: \_\_\_\_\_

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I, the undersigned parent/guardian do hereby grant permission for my son/daughter \_\_\_\_\_ to train at Champion Cheer Athletics. I acknowledge, understand and agree that in participating in cheerleading/training, there is the possibility of physical injury/illness and that my son/daughter is assuming risk of such injury/illness by his/her participation.

In order that my son/daughter may receive the necessary medical treatment in the event of injury/illness, I hereby authorize the staff of Champion Cheer Athletics to facilitate medical treatment for my son/daughter for such injury/illness sustained during time in the gym or related gym events including but not limited to practices, camps, and/or competitions. We also waive and absolve Champion Cheer Athletics, the coaches, advisors, sponsors, parent volunteers, the staff and/or volunteers of any of the venues in which we practice or perform of any and all liability and responsibility for said injury/illness.

I authorize Champion Cheer Athletics to use photographs and/or video recordings taken of me/my child at any cheerleading event for promotional purposes. The mediums may include our website at [www.ccapanthers.com](http://www.ccapanthers.com), as well as newspaper articles and press releases.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**ATHLETE CODE OF CONDUCT  
PARENT CODE OF CONDUCT  
GYM RULES**

Rules and Regulations – **Failure to comply, may warrant immediate dismissal from the program**

**Athlete Code of Conduct**

1. I will not disrespect any team member, coach or competitor for any reason at any time.
2. I understand this is a full season commitment ending May 2012.
3. I will wear my practice uniform to all practices.
4. I will not represent my team in a negative manner (including but not limited to foul language, use of illegal substances, participation in illegal activity).
5. I will not participate in any stunts, jumps or tumbling of any kind when not directly supervised by my coach or coaches designate.
6. I will remove all jewelry prior to practices and competition.
7. A zero tolerance policy with regards to smoking, alcohol or drugs will be in effect at all CCA events.
8. I will arrive at competitions with my uniform, hair and make-up according to instructions given by my coach.
9. I will not post or distribute video of any CCA material online, or by any other means.
10. **NO GOSSIP** about any other teams (allstar or schools). **NO GOSSIP** about an athlete/parent. **NO GOSSIP** about coaches and staff. It is much better to address a problem than to listen to idle gossip.
11. All cell phones must be turned off when in the practice area.

**Parent Code of Conduct**

1. I understand that all practices are mandatory
2. I understand that all competitions are mandatory
3. If my child is involved in any matter of disrespect towards any member of Champion Cheer Athletics staff, students or parents, I will resolve this problem immediately.
4. I understand that my child **must wear their practice attire to all** practices.
5. I fully understand that coaches reserve the right to suspend my child's participation indefinitely in practice or competition (which may include losing positions) as a disciplinary action if any of the rules, policies or codes of conduct are not adhered to.
6. I will ensure my child is on time to practice and ensure that my child does not have to leave early.
7. I will try to attend parent meetings and retrieve information which the CCA staff have prepared for educating me on upcoming schedules, etc.
8. I will not schedule regular check-up type appointments (doctor/dentist) during practice times.
9. I will not post or distribute video of any CCA material online, or by any other means.
10. **NO GOSSIP** about any other teams (allstar or schools). **NO GOSSIP** about any athletes/parents. **NO GOSSIP** about coaches/staff. It is much better to address a problem than to listen to idle gossip.

**Gym Rules**

1. Please do not smoke near the entrance to the gym. Any parents who smoke, please do so outside of our porch area.
2. For family and friends that wish to view practice, please do so from the family viewing room only. Unless invited by your child's coach, only athletes and coaches are permitted in the gym during practice times.
3. Please only park in designated parking spots. This includes the 6 spots immediately in front of the gym, the spots at the rear of the building (numerous) and the parallel spots (approx. 4) along the side of the gym. Please do not park across from the parallel spots. There are large trucks that need to use this space to enter and exit the complex.
4. No food or beverages, (except water) may be brought into the gym or viewing area. All food must be consumed in the kitchen area. Please clean up after yourself. Thank you.

Athlete's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ATTENDANCE POLICY – PLEASE READ IN FULL

All athletes are expected to attend all practices, exhibitions and competitions as a team. Our routines are coordinated around every team member. Therefore, one member's absence has a negative impact on all other team members. Be prepared to rearrange your schedule as needed, however, we will try to maintain a routine schedule in order for you to be able to make advance personal plans. There are **NO EXCUSED ABSENCES FOR COMPETITIONS**. For events such as family weddings and religious observances an Absence Request Form must be completed and approved one month in advance. Absence request forms are available online at [www.ccapanthers.com](http://www.ccapanthers.com) and are required to allow the coaching staff to plan accordingly. Filling in an absence request form does not guarantee that the absence will be excused.

### Excused absences for practices:

- Death in the family
- Pre-approved absence request form
- Contagious illness
- Mandatory school requirement (i.e. graded performance). Absence Request Form must be submitted a minimum of 4 weeks prior to the date. Activities that do not have a direct bearing on an athlete's grade will **NOT** be excused.

### Examples of unexcused absences are as follows:

- Sick, but non-contagious illness (can watch, but not participate)
- Injury (can watch, but not participate)
- Optional activities (including school activities)
- Birthday parties
- Part-time employment
- Transportation issues
- Homework or tests (please plan schedules efficiently)

**PLEASE NOTE THAT AN ATHLETE WHO MISSES EITHER OF THE LAST TWO PRACTICES (REGARDLESS OF REASONING) PRIOR TO A COMPETITION MAY BE PULLED FROM OR HAVE THEIR ROLE MINIMIZED WITHIN THE COMPETITION ROUTINE**

Athlete's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



**CHAMPION CHEER ATHLETICS  
PRE-AUHTORIZED PAYMENT FORM**

**Payers Name:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I (We) authorize Champion Cheer Athletics (CCA) to process my credit card, the following amounts and pay periods on the last of each month as listed below. I have read and understand the CCA Refund Policy and will abide by all terms, thus giving CCA permission to charge my account NSF fees for any dishonoured/late payments.

**Office Use Only**

**MONTHLY AMOUNT:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**Credit Card**, please complete the following information:

**Name On Card:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_