

PARTICIPATION FORM

Liability Waiver and Participation Form



Athletes Name: _____

Address: _____

Parents Name: _____

Email: _____

Cell: _____

Alternate Phone: _____

Parents Email: _____

Medical Authorization and Liability Release

I authorize Oregon Dream Teams and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I am fully aware that any activity involving motion, height or athletic activities create the possibility of serious injury, paralysis or even death. I further agree to hold Oregon Dream Teams and its staff harmless for any injury or resulting expense(s). I release and discharge all rights and claims against Oregon Dream Teams, and its parties. Oregon Dream Teams strives to provide the maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injuries or illness that may occur.

Parents Name: _____

Parents Signature: _____

Date: _____

Medical Information

Family Doctor: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Please list any previous injuries, physical conditions or weaknesses that may affect the athlete

Condition/Injury: _____

Parent Consent

The athlete listed above has my permission to participate in the Oregon Dream Teams program and or camp for the 2019/2020 year. In consideration for the training and coaching provided by Oregon Dream Teams and its staff, I understand that my son/daughter must abide by the rules and regulations set forth by the coaches and staff. I understand that violations of any of these rules may results in removal from the classes and or events. We acknowledge and recognize that hazards are present in any athletic event and that injury may result. Oregon Dream Teams coaches, staff and volunteers will not be liable for injury that occurs during cheerleading practice, contests, or travel to and from cheerleading activities.

Parents Name: _____

Parents Signature: _____

Date: _____

TRYOUT INFORMATION

Athletes Name

Athletes Date of Birth

Athletes Age as of 8/31/19

Parent/Guardian #1 Name

Cell Phone Number

Work Number

Parent/Guardian #2 Name

Cell Phone Number

Work Number

Street Address

City, State

Zip Code

Primary Email

Secondary Email

Emergency Contact

Phone Number

Relationship

Emergency Contact

Phone Number

Relationship

Insurance Provider

Policy Number

Expiration Date

Does your child have any allergies we need to be aware of? _____

Does your child have any medial conditions we need to be aware of? _____

Has your child ever experienced a concussion? _____

Please Check All That Apply:

- My Child Wants to Tryout for a Prep Team
- My Child Wants to Tryout for an All Star Elite Team
- My Child Wants to Tryout for an All Star Worlds Team

Athletes T-Shirt Size: _____

Would you accept any position on a Oregon Dream Teams' Team? Yes No

If not, which level(s) are you interested in being considered for? _____

Notes: Is there anything you want us to know?

FINANCIAL AGREEMENT

THIS FORM IS DUE AT THE TIME OF REGISTRATION

_____ parent of _____
Name of parent/legal guardian Print name of the team member

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I understand and agree that tuition is due on the 1st of the month for the current month. So January tuition is due Jan 1st. Tuition is set up and automatically drafted through Amilia each month.
- I understand that in addition to tuition, I will pay assessments as outlined in the packet, and based on my chosen payment plan. Assessments are ran through Amilia automatically on the 15th of each month.
- I understand that my uniform is a separate cost and is due on its set due date. I understand shoes are not included with my uniform, I will order them personally. Five Star does provide a link to Nfinity of their website. White shoes are required unless otherwise noted for your team.
- I understand that I am subject to a late fee charge of \$35.00 after the fifth of the designated month. Excessive tardiness in payments will be grounds for my child not competing, possible dismissal and my being sent to a collection agency.
- I also understand and agree that as a parent signing this contract; I am solely responsible for the tuition, travel expenses, uniform and assessments as outlined in this packet.
- I understand that all Assessments are Non Refundable for any reason.

Parents Signature (Participant if 18 or Older): _____ Date: _____

I understand and agree to allow Oregon Dream Teams to charge my card and or bank check card (with a major credit card symbol) that I have provided below in the case I do not get my payments in on the designated due dates. Oregon Dream Teams will allow a 15 day grace period after the due date before charging my card.

Visa Master Card American Express

_____ Account Number

_____ Name on Card

_____ Exp. Date AND CVC

_____ Billing Street Address

_____ City, State and Zip

I understand that the above card will be billed for my TUITION on the 1st of each month

Please use my card to pay for my TUITION in full now

Signature of person on card: _____ Parent or Legal Guardian of: _____

Print the name of the card owner: _____ Date: _____

Effective from the date of the agreement is signed thru May 15th, 2020

POLICY AGREEMENT

Oregon Dream Teams, LLC

Please Read, Initial and Sign

Fees, Payments and Policies

- _____ 1. The Cheer Season is a full year commitment from May 2019–April 2020
- _____ 2. All Oregon Dream Teams customers are required to have a card set up in Amilia for all payments. All tuition is ran on the 1st and assessments are ran on the 15th. **Athletes will not be allowed to practice until there is a card on file or the account is paid in full.**
- _____ 3. All tuition is billed on the 25th of each month for the following month. Tuition is due on the 1st and late after the 5th. On the 6th of each month a late fee of \$35 will be applied. Any discrepancies in your statement should be brought to our attention via email at info@oregondreamteams.com.
- _____ 4. Your account must be current for your child to participate in team practices, tumbling classes, open gyms, private lessons and or competitions.
- _____ 5. All monthly fees, assessment fees, and or uniform fees, must be paid in advance in order to participate in any event. All fees are **100% NON Refundable for any reason.**
- _____ 6. I understand that if my child decides to quit the Oregon Dream Teams program (for any reason other than family relocation with a valid real estate document, or a season ending sport injury with a valid physician's certificate) at anytime from August 1st 2019 to the end of the competition season April 30th, 2020, there will be NO refund given for tuition or assessments paid.
- _____ 7. It is mandatory to abide by the Attendance policy as outlined in the 2019-2020 Athlete Policies given out in this packet. All athletes are to attend their teams regularly scheduled practices. If an athlete is not feeling well, or injured, they are still expected to be at practice. If your child has a fever or is vomiting they should not attend. A parent must call the office or team coach PRIOR to practice. All school activities and pre planned vacations should be submitted 14 days in advanced online as explained in the packet. After the athlete has reached 4 absences for the season, each additional absence will result in a \$25 absence fee. If your athlete reaches 10 missed practices, unexcused or excused, a meeting with the All-Star director will take place. At this time your child may be removed from the team at the discretion of the All Star Director. Attendance is required for success.
- _____ 8. If at any time your child misses a competition for an unexcused reason, this is means for immediate termination from the team and no refunds of any sort will be given.
- _____ 9. Oregon Dream Teams will issue a list of "Black Out Weeks" during said black out weeks, any missed practices will result in the athlete not being able to compete at the next event. No competition fee refunds will be given for missing a dead week practice.
- _____ 10. Your child can and will be suspended from practices and or competitions for displaying inappropriate behavior and refusal to follow gym rules and coaches instructions. Please discuss this with your child. You are still responsible for your athlete's fees during the period of suspension.
- _____ 11. Athletes should not be dropped off more than 15 minutes early for a team or class. Athletes should not be picked up after 9:40pm, as this requires coaches and staff to work past their scheduled hours.
- _____ 12. I understand that the booster club has no direct affiliation with Oregon Dream Teams. It is ran by a group of elected officials. If you have a problem with the booster club funds or activities, you must go through the booster club channels. Oregon Dream Teams, its coaches, staff and directors can not help you with this.

POLICY AGREEMENT

_____ 13. Fundraising- All fundraisers facilitated are individual, unless otherwise noted. We will apply credits to your accounts. Questions regarding fundraisers can be emailed . Any surplus of credits from fundraisers can be used towards any services or products Oregon Dream Teams offers. Funds can't be transferred to another athlete. If athletes leave with a credit that will be transferred to the general fund. Refund checks will not be issued in the result of a surplus.

_____ 14. All transportation to and from competitions is the sole responsibility of parents. I understand that some competitions require a specific hotel. Information will be given as those dates approach.

_____ 15. I understand that as an Oregon Dream Teams member I am not allowed to use the Oregon Dream Teams' Logo and make my own merchandise. I cannot sell or create your own Oregon Dream Teams' clothing or merchandise. I also understand I am not allowed to contact any vendors on behalf of Oregon Dream Teams, doing so is grounds for dismissal from the program.

_____ 16. I understand that my athlete needs to come to practice every day in the proper attire. Practice attire includes the practice sets as assigned by coaches. Check the team app for directions for each practice. Athletes can wear anything for class but must be in the right attire for team practice. Hair needs to be up and bow in. Athletes who are in the wrong attire will be given the correct shirt and their accounts will be billed. Some teams may change their days based on the teams practice days check with your team app as it will always have this info.

_____ 17. We reserve the right to close practices at any time. This will occur if the viewing room becomes negative or distracting. Please remember to be your athlete's, team's and coach's biggest cheerleader! As a parent, if you are causing drama you can and will be removed from the gym.

_____ 18. It is the parent's responsibility to stay informed. Check your email and TeamApp regularly, if you are not receiving emails contact the front desk immediately so we can check your account. Each week you should receive a weekly email with updates and announcements. If you are receiving statements, then your weekly email is being sent to spam by filters.

_____ 19. Part of an All Star Team is uniform, hair and make up. To be on the team, all athletes must follow these guidelines. If you cannot commit to doing hair and make up in the designated style, your athlete can't participate.

_____ 20. Athletes are placed on a team with the expectation that the skills they have at tryouts will remain and grow through the season. If an athlete can no longer fulfill the role they were placed on the team for, they will be moved to a team where they can fulfill the necessary role.

_____ 21. I understand that by trying out for a Summit or Worlds Team, these teams will accept any type of bid that is offered to them. If a team accepts a wild card or At Large Bid, they will be responsible for the Summit or Worlds Fees, practice wear and coaches fees. If a team accepts a paid bid, they will only be responsible for only practice wear, and coaches fees.

I understand and agree to abide by the policies as outlined above:

Athlete(s) Name: _____

Athlete(s) Signature: _____

Print Parent Name:Date: _____

Signature of Parent/Legal Guardian: _____

