



This packet must be completed and turned in before the first regular practice of all new team members.

You can print this information off, fill it in and hand it in to your coach at practice.

We are really excited to get our new season underway and are truly loving our new team members!

Cheers,
Teresa

TEAM MEMBER INFORMATION

NAME: _____ AGE _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: HOME _____ CELL: _____
EMAIL: _____
BIRTHDATE: _____ PRESENT GRADE LEVEL: _____
SCHOOL ATTENDING: _____

PARENT/GUARDIAN INFORMATION

NAME: _____ AGE _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: HOME _____ CELL: _____
EMAIL: _____
DRIVERS LICENSE NUMBER: _____
EMPLOYER: _____
WORK PHONE: _____ SSN: _____

NAME: _____ AGE _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: HOME _____ CELL: _____
EMAIL: _____
DRIVERS LICENSE NUMBER: _____
EMPLOYER: _____
WORK PHONE: _____ SSN: _____

EMERGENCY CONTACT

NAME: _____
PHONE: HOME _____ CELL: _____
EMAIL: _____

Please indicate and explain if you give Humboldt Cheer Company staff members permission to give your child headache medicine. (Example: Junior Strength Motion/Advil/Tylenol/Ibuprofen)
_____ YES _____ NO (Please initial)

Explanation (optional): _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Humboldt Cheer Company - Home of the Humboldt All-Stars

716 West Cedar Street, Suite A - Eureka, California 95501

707.268-8500 ~ 707.442.1304 FAX

www.humboldtallstars.com

ARTICLES OF UNDERSTANDING

The following information pertaining to our organization is provided to make sure everyone fully understands the expectations and requirements for participation with Humboldt Cheer Company and as a member of Humboldt All-Stars.

PRACTICE INFORMATION:

- Practice is held twice weekly for all teams.
- Additional practices may sometimes be required.
- Coaching staff will provide 7 days notice on most occasions when additional practices are necessary.
- All practices are considered mandatory.
- Three missed practices in any four month period, may be cause for termination with Humboldt Cheer Company.
- Excused absences for practices will be considered on a case by case evaluation.
- Withdrawl from practices and competitions are not to be used as PUNISHMENT for your child's actions outside the gym.

parent/guardian initials

TRAVEL & TRANSPORTATION:

- Transportation to or from any event is not provided by Humboldt Cheer Company.
- Group transportation may be available in some situations such as airline flights or carpooling.
- Transportation costs are the responsibility of the participant.
- Travel expenses are the responsibility of the participant.
- Hotel rooms will be blocked by Humboldt Cheer Company at group rates. Each participant is responsible for making reservations in our block in a timely manner.
- To minimize conflicts, is preferred that all team members stay at the same hotel.

parent/guardian initials

UNIFORM COSTS:

- Uniform cost for shell, skirt or pants, briefs, socks & hair tie are \$250 for most teams.
- Coed Team uniform cost is \$275.
- Shoes cost between \$50-\$70.
- Practice attire: \$80 for two practice outfits (2 tops, 2 shorts).
- Team practice attire is required.
- The only required uniform costs are listed above.
- Additional Humboldt clothing is available but not required.
- A team member's guardian is responsible for all costs associated with participation with HAS.

parent/guardian initials

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COMPETITION COSTS:

- Competition Registration costs are fees paid on behalf of your cheerleader.
- A team member’s guardian is responsible for all costs associated with participation with HAS.

parent/guardian initials

PREPAID EXPENSES:

- Prepaid expenses are not refundable if YOU change your mind.

parent/guardian initials

FUNDRAISING:

- Personal fundraising opportunities exist and are available for every participant.
- Personal fundraising opportunities are not mandatory participation.
- Team fundraising events are mandatory for all team members.
- Team members who do not participate in team fundraising events, will be assessed a non-participation fee for their absence.

parent/guardian initials

FINANCIAL RESPONSIBILITY:

- It is expressly understood that the parent or guardian of each participant of Humboldt Cheer Company is solely responsible for any and all expenses incurred by their child.
- It is expressly understood that Humboldt Cheer Company is not a lending institution and cannot ‘carry’ any participant’s financial burden.
- It is expressly understood that all balances are due and payable on the first of each month.
- It is expressly understood that if you do not have a copy of your monthly statement, you will seek to obtain this document from either your child’s coach or the director of Humboldt Cheer Company.
- It is expressly understood you will not be excused from monthly payment on account whether or not you possess a current statement in hard copy.
- It is expressly understood that you may request a monthly statement to be emailed to your personal email account rather than have a hard copy of your monthly statement.
- It is expressly understood that anyone who has not cleared their financial obligation by the 10th of month will incur not only finance charges but also a \$20 late fee.

parent/guardian initials

I have read both pages of this document and completely understand the articles of understanding. I have indicated that I have read each section of the Articles of Understanding by my signing my initials after each section. By signing this document I certify that I in complete understanding of the information contained within.

(Parent signature)

(Parent signature)

INFORMED CONSENT

I/We _____, parents and guardians of _____, who wishes to participate with Humboldt Cheer Company and Humboldt All-Stars (HAS) in any or all cheerleading activities of HAS, and in consideration of allowing our son/daughter to participate in such activity, give our consent for such participation by our son/daughter.

We understand that our son/daughter is required to be in good physical shape and condition and that the activities which he/she will be asked and expected to participate in are strenuous and require physical and athletic agility. It has been fully explained to us that these activities include, but are not necessarily limited to a variety of gymnastic routines, including somersaults, back handsprings, aerials and round-offs; that there will be a variety of mounts and stunts requiring the coordination of more than one participant on the squad; that these activities will not be confined to any one site or venue, but rather a variety of sites many places throughout the year.

It has also been explained to us that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter.

We also understand that our son/daughter will be required to travel to locations for the purpose of participating in cheerleading activities and that the transportation could be provided to him/her by the coaches, advisors, other parents, occasionally other participants, or various commercial transportation companies. We also consent to such transportation.

We represent to you that, to the best of our knowledge and belief, that our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity as described and explained to us. We have been informed that our child should be examined by a physician prior to participation in the activities described above and we agree to obtain such examination.

We agree to, and by signing this agreement, release the coaches, assistant coaches, volunteers, staff of HAS, from any claim of negligence by ourselves, our son/daughter, our heirs, or on behalf of our son/daughter, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participating with HAS for the 2006/2007 season.

In witness whereof, I/we have affixed our signatures to this agreement this _____ day of _____, _____ at Eureka, CA.

(Parent signature)

(Parent signature)

(Witness signature)

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PARENT/GUARDIAN CONTRACT

The support of parents/guardians is essential to the success of any youth program. This support should be in such activities as transportation, fundraising, promotion, equipment maintenance, team sponsorship, occasional chaperones, and other volunteer activities. Remember a positive mental attitude is an important ingredient for successful participation in any program.

It is important that your squad member attends all practice sessions. His/her absences not only impedes his/her progress but hurts the team as well. Missing a practice during competition season is cause for removal from the routine. Missing more than two practices in any four-month period is cause for suspension from the Company. Parents are welcome to observe practices and are encouraged to travel with us on our adventures. It should be noted however that sometimes a parent's presence may tend to inhibit or distract a squad member. For this reason we ask that Parents remain in the lobby area or in the upstairs observation room.

Unsportsmanlike conduct is prohibited by Parents or any other person associated with our group. Derogatory statements towards squad members, other squads, or other persons associated or not associated with our squad while outside of your own private environment is not appropriate. Please refrain from open criticisms, especially in the presence of your squad member and his/her teammates, of our program, the coaches, or other personnel connected with our organization. If you have issues please bring them to the coaching staff privately.

Every person associated with our Company is to realize that the manner in which they conduct themselves while representing our team directly reflects the entire organization.

Parents/guardians should clearly understand that the aim of Humboldt All-Stars/Humboldt Cheer Company is to compete at regional, state, national and international level. Teamwork, good sportsmanship, community leadership and fair play are all top priorities for our Company.

Parents/guardians must assume complete financial responsibility including interest on unpaid balances for their squad member to participate in this program. This responsibility includes timely return of all articles supplied by the Company, fully cleaned, in a condition of reasonable wear from use, free from excessive damage. Equipment and or loaned uniforms that are lost or stolen will be paid for at current market replacement costs.

By signing this form I am agreeing to the terms set forth therein.

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

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Acknowledgment and Assumption of Potential Risk

(Participant Name) _____ has my permission to participate with Humboldt Cheer Company and/or Humboldt All-Stars.

I fully understand the following:

Cheerleading and Stunting by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- | | | |
|--------------------|--------------------|---------------------|
| 1. Sprains/strains | 4. Unconsciousness | 7. Head injuries |
| 2. Fractured bones | 5. Paralysis | 8. Loss of eyesight |
| 3. Cuts/abrasions | 6. Disfigurement | 9. Death |

I understand, acknowledge, and agree that Humboldt Cheer Company and/or Humboldt All-Stars, it's officers, agents, or volunteers, shall not be liable for any injury suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating with this team.

List any medical conditions, allergies or other limiting factors: _____

Family physician name: _____ Phone: _____

Health insurance/MEDI-CAL Yes No (*Circle one*)

Plan name and number: _____

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgment of the attending physicians or dentists. I acknowledge that I have carefully read this Acknowledgment and Assumption of Potential Risk form and that I understand and agree to its terms.

Parent/legal guardian name (print)

Parent/legal guardian signature (if under 18 years of age)

Date

Parent/legal guardian signature (if under 18 years of age)

Date