8850 US 89 Willard, UT 84340 801-737-1290 www.edgesportstc.com Email: edgecustomers@gmail.com



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ATHLETE AGREEMENT and WAIVER

 Please initial on the lines next to each paragraph to indicate that you have fully read and understand each statement.

AGREEMENT

,	nembership in Edge Sports Tumbling ies, I agree to be bound by each of t	and Cheer, and my participation in Edge Spor he following:	rts Tumbling and Cheer classes, events,
1. E	LIGIBILITY: I agree to comply with	the rules of Edge Sports Tumbling and Cheer.	
and activities for which I	believe I am physically and psychological	only participate in those Edge Sports Tumblin ogically prepared. Prior to participation, I will se of confidence necessary to assure I can per	have practiced my exercises and will perform
	of its choice, customary medical/athle	my consent to Edge Sports Tumbling and Chetic training attention, transportation, and em	
even death, as well as o Tumbling and Cheer, and for any losses or damage reckless conduct on one brought against Edge Sp	ther damages and losses associated of the sponsor of any event, along with the sponsor of any event, along with the soccurring as a result of my participal of the organizations or individuals idea to the competitions and Cheer, LLC, Edge to the some the sponsor of the sponsor	ware of and appreciate the risks, including the with participation in gymnastics activities and the three employees, agents, officers, and direct pation in the event, except where such loss or entified above. I additionally agree to release Sports and Emily Morgan, on behalf of myseling for the negligence of Edge Sports Tumblin	events. I further agree that the Edge Sports ors of these organizations shall not be liable damage is the result of the intentional or and indemnify Edge Sports for any claims
CLUB WAIVER AN	ID RELEASE FORM		
the above in mind, I her illness, and if deemed no Edge Sports Tumbling an	eby release the Edge Sports Tumbline ecessary by the Edge Sports Tumbline and Cheer staff member or its represe	g and Cheer staff to render first aid to my chi	ek medical help, including transportation by an
and hazards associated	with the sport of gymnastics, trampo	nd Cheer recognize our obligation to make ou line, tumbling, cheerleading, and Pilates. Stud mbling, cheerleading, and Pilates gym time ca	
the coach's instructions. by a student during the or clinic in which he or s possibility of injury involvexecutors, or other representations and/or its represent accident insurance cover	The Edge Sports Tumbling and Chee course of gymnastics, trampoline, che may participate while traveling to ved, I consent to have my child or chesentatives, waive and release all right natives whether paid or volunteer. I rage, which I have responsibility to we	or from the event. With the above in mind, a illdren participate in the programs offered by nts and claims for damages that I or my child also affirm that I now have and will continue arn the child about the dangers of gymnastics	ot accept responsibility for injuries sustained or in the case of any exhibition, competition, and being fully aware of the risks and
Parent/Guardian's Sig	nature:	Date	2:
Please Print Parent/G	uardian's Name:	Email:	
Participating athlete(s	e): (child(s) name)		
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

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CONTACT INFORMATION:

Contact 1: Name:	_	Relation to Athlete:	Driver's Lic #:(This is required for any possible collections
Address:		Fmpl	oyer: Title:
(street)	(City)	(State) (Zip)	, nec
Home Phone:	Cel <u>l</u> :	Work Phone:	Email:
Contact 2: Name:		Relation to Athlete:	Driver's Lic #:(This is required for any possible collections
Address:		Empl	oyer:Title:
	(City)		
Home Phone:	Cel <u>l</u> :	Work Phone: _	Email:
Emergency Contact 1: Name: _		Relation to Athlete: _	Phone Number:
Emergency Contact 2: Name: _		Relation to Athlete: _	Phone Number:
	CHILD(REN)	and/or ATHLETE(S) INFORMATION:
Name(s)		Birth Date (00/00/000	Grade and School
			_
	<u>1</u>	MEDICAL INFORMA	ATION:
Disabilities and/or Medical Instruct	tions (I.E, seizures, as	thma, diabetes, food allergies,	prior injuries, etc):
Medications:			
Please give any information conce	rning the child(s) which	ch will be helpful in his/her expe	erience:
Insurance:	Physician:		Clinic Name:
Address:		Phone:	<u> </u>
Please List anything else that may	be helpful and/or nea	eded in order for us to coach or	teach your child:
. 2			

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BILLING INFORMATION

- There is an **Annual Registration Fee** of **\$40** due at the time of Registration. This Annual Registration Fee goes from September to September each year; this fee will be due each September.
- Each additional child is \$20.
- Summer Registration Fee will be \$20 if registering for summer classes only.
- We will accept all forms of payment: Auto Draft with credit card, in-house credit card, cash, and checks. Please note: tuition is due on the 1st of each month. After the 10 day grace period, and payment is not received, a \$20.00 late fee is added, which is the 11th day of the month. We will only contact those on the auto payment system if the card is declining before adding the late fee. If auto pay participants do not respond to our calls and the card is still declining, the 15th deadline date applies. We will not contact check or cash paying customers. Regardless of the payment set up, if we have not received payment or your credit card is declining as of the 15th of any month, your child's slot will be filled without further notification. You will continue to receive balance due statements and then sent to collections.
- Note: Payments made by check or cash will require a back up credit card for draft of late payments.

Payme	ent by cash, in-house	credit card s	wipe, or check:		
made after the 10th of each		to attend class unles	s payment including the \$20		D late fee will be assessed to payments elivered (or you can make a credit card
(sign	ature)	(date)		
Auto	Payment Program:				
automatically charge for	are on Auto-pay will automat fees such as Monthly Tuition, ically charged to your credit c	Late Fee's, Compet	ition Fees, Uniforms, etc	that occasionally oc	ccur. If you do not want to have
(sigi	nature)	(date	<u> </u>		
Credit Card Type:	Visa	Ma	asterCard	<u> </u>	MasterCard
Credit Card Number:_			Exp Month:	Exp Year:	
Name as it appears or	card:			<u> </u>	VISA
Billing Address:					
City		State		Zip	
Home Phone:		Ce	ell Phone:		
Account Informat	ion: Monthly:				
MULTI-CLASS DISCOUNT MO	ONTHLY:				
TOTAL MONTHLY TUITION I	DUE EACH MONTH:		REGISTRATION FE	E:	
Tuition Fee per child	: (fill out whether paying by	card or check)			
Child(s) Name	Class Enrolled	Day	Times per We	eek	Cost per Month

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Late Fee Policy

- Tuition is due on the 1st of each month. A \$20.00 late fee will be added to accounts if not made by the 10th of each month.
- If you pay by check, cash, cashier check, in-house credit card, each month, the payment box will be closed on the 11th of each month and payments will have to be given to office staff or your child's coach including the \$20.00 late fee in order for your child to participate. After the 15th of the month, and we have no payment, your child's slot will be filled without notification. If the office is closed and you have to hand deliver the payment to the coach, please do so before class starts. Once class starts payments will not be taken and your child will not be able to participate.
- If you pay by the auto payment program and the credit card is declined on the scheduled debit date, you will be notified of the decline and the gym will try to debit the card on the 10th of that month. If it is declined again and you were notified, you will be assessed the \$20.00 late fee. Your child will not be able to attend class without a successful debit or check made to the gym and must be turned into the office or the coach to participate. Your child's slot will then be filled without notification.
- Successful payment by the 10th of each month, is the only way to protect your account from a late fee.
- A \$5 Administration Fee will be added each month that there is an unpaid balance of any amount on your account.
- REMINDER, WE ACCEPT PERSONAL CHECKS OR CASH, BUT A BACK UP CREDIT CARD WILL BE REQUIRED IN THE EVENT PAYMENT IS NOT RECEIVED BY THE 15TH OF EACH MONTH, AT WHICH TIME THIS CREDIT CARD WILL BE CHARGED.

I,guidelines set by Edge Sports T	_, have read the late fee policy and understand the contents thereof, and will follow the umbling and Cheer.
<u>Withdrawal</u>	Requirements (cancellation policy) & Agreement
the front desk by the drop box	ning parent or guardian to fill out and sign the Withdrawal / Cancellation forms located at and/or online through our website by clicking the send email button PRIOR to the ng this requirement will cause the account to be charged for the following month's tuition attend.
This notice is required in order t	to allow Edge Management to schedule their Coaching Staff for the upcoming month.
I, required guidelines set by EDGE	, have read the withdrawal policy, understand the contents thereof, and will follow the Sports & Learning Center.

Collections Policy & Agreement

The undersigned,	, specifically agrees to pay all reasonable attorneys		
(signat	ure)		
additional amount representing	t legal action is taken to collect on the account. The undersigned further agrees to pay an up to 50% of the principal balance if the account is referred to a collection agency or dditional amount is in recognition of the cost associated with said collection action		
I,	, have read the Collections Policy and understand the contents thereof.		
Date signed:	<u>_</u>		
Copies provided to signing parent or guar	rdian and Edge Sports Tumbling and Cheer.		
	(sign & dated by office)		

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CLUB RULES AND POLICIES

Payments

- Payments are due by the 1st of each month. There is a grace period until the 10th of each month. On the 11th of each month a \$20.00 late fee is added to your account.
- Payments by auto draft (Visa, MasterCard) are drafted on the 1st of each month. You can see it drafted approximately between the 3rd and 5th of each month. In the event your account is denied and not corrected, the \$20.00 late fee will be added to your account in the event that you do not respond to our phone calls, emails, or mailings notifying you that your credit card was declined. We will add it by the 15th of each month.
- A \$5 Administration Fee will be added each month that there is an unpaid balance of any amount on your account
- We accept check or cash, but a back up credit card is required in the event payment is not received by the 15th of each month. After the 15th and still no payment, the credit card on file will be charged, and your child's slot will be filled without further notice.
- All competitive athletes will be required to pay by credit card. All tuition, competition fees, uniform fees, etc will be drafted by credit card. Deadlines are to be met and this confirms those deadlines. We will no longer call every competitive athlete.
- A semi-annual equipment fee of \$12.50 will be charged in addition to your current monthly fees during the months of March and October to help pay for maintenance and updated equipment.

Class Rules

- Students must be on time. After 10 minutes, which most warm ups are complete, your child may not participate and accounts will not be reimbursed. A make up can be scheduled as long as there is a class that has an opening available.
- Students may choose to bring a bottle of WATER only, no liquids of any color are allowed.
- If a student chooses to 'pick' at the foam in the pit, they will be required to sit the rest of the class period with their parent.
- Students must pull their hair back away from face if the hair is shoulder length or longer.
- It is required that a leotard is worn. The student can wear shorts (cotton) or tight fitting tanks over the leotards. You can purchase leotards through Edge or at your local stores.
- No Levis, shorts with buttons or belts, jewelry, gum, food, cell phones, or bobby pins allowed out on the gym floor.
- Students must stay in line and not visit parents or friend in the waiting area.
- Parents must stay in waiting area until class is over.
- No waving, yelling, sideline coaching or any other distractions allowed from the parent area.
- If a student needs to leave early, please notify the office to get the child off the floor.
- Parents can talk to the students' coach after class or schedule a meeting at a time the coach is not on the floor teaching.

Make Up Rules

- The gym will try to accommodate a makeup day for sickness, vacations, or the unplanned circumstance as long as there is a day, time, or class that is not full. This must be scheduled in the office, please do not pull a coach aside they may not know openings.
- Make-ups must be made up during the current month that they missed; the make-up/s will not carry over to the next month. Make-ups are based on current availability and must be approved prior to the make-up day.
- There is NO REIMBURSEMENT for missed days. Full tuition is expected.
- Edge will not hold scheduled "make-up" days for an entire class at the same time due to circumstances beyond their control, which forces Edge Management to shut the gym down. Examples would include, but not limited to, Power Outage, Natural Disaster, Man-made Disaster, etc. Edge will attempt to contact the athlete's parents to notify them of the gym closure due to such circumstances. If Edge is not able to contact the parents, Edge is not held responsible for the inability to notify parents of such closure.

Website Registration and Account Management

- Please go to our website: edgesportstc.com
- Step by Step procedure:
 - At the center of our home page will be a 'register now' button, click on the link and it will direct you to the registration form.
 - o Fill out the entire form and create your online portal account.
 - Once you have the form submitted, you will be able to login and access your account, make payments, register for additional/future classes, notify us of changes, etc.

By signing here indicates I have received a copy and I am held responsible for reading and following the Club Rules and Policies	
Parent/Guardian's Signature:	