



# First Class Athletics Athlete Application

ATHLETE'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE AS OF AUGUST 31, 2017 \_\_\_\_\_

GRADE IN SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

Email \_\_\_\_\_

**Please Check one:**

I would like to be considered for only PREP team \_\_\_\_\_

I would like to be considered for only TRAVEL team \_\_\_\_\_

I would like to be considered for PREP or TRAVEL team \_\_\_\_\_

**Circle Level: PLEASE SEE TUMBLE REQUIREMENTS ON THE 4TH PAGE OF OUR INFORMATIONAL PACKET!**

TUMBLING SKILLS	1	2	3	4	5
STANDING	1	2	3	4	5
RUNNING	1	2	3	4	5
STUNTS	1	2	3	4	5
BASE	1	2	3	4	5
BACKSPOT	1	2	3	4	5
FLYER	1	2	3	4	5

**Circle your response please:**

- Would you accept ANY position on ANY First Class Athletics team? Yes No
- If NO, which level are interested in being considered for? Level 1 Level 2 Level 3 Level 4 Level 5

Please understand that you must be **true to your level**, and meet the requirements for the level, in order to be considered.

**Describe any medical problems or injuries:**

\_\_\_\_\_

**Please list to who the participant may be released in case of an emergency and the parents can not be reached:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**TREATMENT / PUBLICITY / LIABILITY RELEASE**

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in First Class Athletics LLC, at there own risk and will not hold First Class Athletics LLC, employees and/or instructors liable for any and all injuries that may occur while participating in the cheerleading. The undersigned does hereby grant First Class Athletics LLC and its successors, the unrestricted right to use the under- signed's name, likeness, or appearance on any Cheerleading or dance camp posters, calendars, photographs, try-out flyers, video material, film material, computer software, computer hardware, electronic on-line services, or other similar promotional material in any form, content or medium to promote or market First Class Athletics LLC. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by First Class Athletics LLC of the undersigned's name, likeness or appearance.

(Participant if 18 or older) Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: TEAM \_\_\_\_\_ POS. \_\_\_\_\_ # \_\_\_\_\_

## Roster Information

Communication is important at First Class Athletics. To help us keep in touch with you on a regular basis, with date changes, and also in the event of an emergency, please fill out the form below. Your information will be kept strictly confidential. Thank you.

ATHLETE'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ ATHLETE'S Cell # \_\_\_\_\_

ATHLETE'S EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S CELL # \_\_\_\_\_

MOTHER'S EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ FATHER'S CELL # \_\_\_\_\_

FATHER'S EMAIL \_\_\_\_\_

### T-shirt / Tank Size

Clothing	Youth Sizes			Adult Sizes			
<b>T-Shirt</b>	SMALL	Medium	Large	SMALL	Medium	Large	X-Large
<b>Tank Top</b>	SMALL	Medium	Large	SMALL	Medium	Large	X-Large



# Financial Agreement

THIS FORM IS DUE AT TRY OUTS

I, \_\_\_\_\_ parent of \_\_\_\_\_  
(Print name of parent/legal guardian) (Print name of team member)

understand and agree the following:

I assume full responsibility for all cost incurred as a member of the First Class Athletics All-Star Cheer program for the 2017-2018 Season ending May 1, 2018. Athletes are required to have a valid credit card on file attached to their account. All fees are auto drafted from the credit card that you provide to First Class Athletics. This is a REQUIREMENT! If your card is declined and we cannot receive payment for the month the athlete will NOT be allowed to practice until payment is made IN FULL. First Class Athletics tuition does not fluctuate based on the number of practices held or the duration of any practice. Under no circumstances will personal vacations or time off be prorated. All monies received by First Class Athletics will first be applied to overdue tuition before paying any other fees. First Class reserves the right to turn over any delinquent accounts to a collection agency. If you leave the program before May 1, 2018 this will be considered a breach in contract and ALL funds are completely non-refundable. You may choose to pay a cancellation or quit fee in addition to any delinquent fees due if you decide that All-Star cheer is not for you. This rule is also in effect if you are asked to leave First Class Athletics due to a breach in contract.

(Participant if 18 or older) Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to allow First Class Athletics LLC to charge the card and / or bank check card (with a major credit card symbol) that I have provided below in the case that I do not get my payments in on the designated due dates. First Class Athletics LLC will charge a \$30 reprocessing fee if the card is denied for any reason.

CREDIT CARD

\_\_\_ VISA \_\_\_ MASTER CARD

NAME ON CREDIT CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE ON CARD \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

We will add 7% of the total amount charged if you would like us to run your card manually when fees are due. Please check the boxes below if you would like this service.

\_\_\_ Please charge my card listed above for all the Fees and Tuition.

\_\_\_ Please charge this card monthly, according to the payment schedule.

SIGNATURE of person on card

Parent/Legal \_\_\_\_\_ Guardian of \_\_\_\_\_  
(PRINT Name of Parent/Legal Guardian) (PRINT Name of Team Member)

SIGNATURE of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_



First Class Athletics 6026 Bowdendale Ave. Jacksonville, Florida 32216