



Office Use Only
Start Date _____

2018-2019 DAKOTA SPIRIT SPARKLERS TUITION PAYMENT AGREEMENT

Athlete's Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian Athlete lives with: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent/Guardian/organization responsible for payments: _____

Phone: _____ Email: _____

Mother's Email: _____ Mother's Phone: _____

Father's Email: _____ Father's Phone: _____

<u>Recommended Ages</u>	<u>Team</u>	<u>Registration Fee</u>	<u>Tuition Cost</u>	<u>Practice Dates</u>
5 and Up	Sparklers	Waived	FALL SESSION Team practices & performances \$150	Aug, 30 Sept 6, 13, 20, 27 Oct, 4, 11, 18, 25 Nov, 8, 15, 29
5 and Up	Sparklers	Waived	WINTER SESSION Team practices & performances \$150	Jan 10, 17, 24, 31 Feb 7, 21, 28 Mar, 7, 21, 28

TUITION PAYMENT OPTIONS

Fall Session

Option 1 ____ 1 payment -\$150 Total
Option 2 ____ 2 payments-\$80 each
Option 3 ____ 3rd Party Payment

Winter Session

Option 1 ____ 1 payment-\$150 Total
Option 2 ____ 2 payments-\$80 each
Option 3 ____ 3rd Party Payment

Please check one of the following

Due 1st week of Session
Due Aug 30th & October 1st
Name: _____

Due 1st week of Session
Due Jan 10th & Feb 7th
Name: _____

Tuition Assistance is available for all athletes with a financial need. Connecting Kids is available for athletes grades K-8 with a match from Dakota Spirit Cheer Parents. Information is confidential.

Tuition Assistance Requested _____ Rental Uniform Requested: _____

**If athlete chooses to leave the program I understand I am obligated to give written notification for my child. I have read, understand and agree to the above costs and payments.*

Signature _____ Print Name _____ Date _____

Sparklers Athlete Information

Athletes Name _____ Age: _____

Have you participated with Sparklers? _____ How many years? _____

Current School or Educational program _____

Does Athlete have a job or participate in a training program: _____

Mother: _____ Email: _____

Address: _____ Phone: _____

Father: _____ Email: _____

Address: _____ Phone: _____

Medical Insurance _____ Policy # _____ Policy Holder: _____

Family Doctor's Name _____ Doctor's Phone Number _____

Allergies _____

Symptoms of Allergic Reaction: _____

Medications _____ Purpose of Medications _____

Please list all previous illness or injuries: _____

Current health status: _____

Please provide us with all information that will help us in planning for athlete:

(health/ limitations/ restrictions/ special challenges, atlantoaxial instability, balance concerns, neck concerns, other)

Please list any physical limitations or activities your child should not participate in:

What can we anticipate from your child's reaction to crowds, noise, new situations, or other: Please list any recommendations that will your your child in these situations:

Other activities your child participates in:

EMERGENCY CONTACT: Name: _____ Phone: _____

PARENT SIGNATURE: _____ Date: _____

Dakota Spirit, LLC

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the **Dakota Spirit, LLC** program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **Dakota Spirit, LLC**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and **future** agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed name of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Furthermore, I agree to the above RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT on my own behalf for any adult participation in any **Dakota Spirit** activities.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian