## **Stars & Stripes Athletics**

## Class Drop Request Form: Return to the Stars & Stripes Business Office

Step 1: Family Information / Parent / Guardian / Billing Contact:				
Parent/Guardian First Name:	Last Name:			
Step 2: Participant Information				
1st Participant Name:	Class Name:	Day:	Time:	
2 <sup>nd</sup> Participant Name:	Class Name:	Day:	Time:	
3 <sup>rd</sup> Participant Name:	Class Name:	Day:	Time:	
Reason for dropping class:				
I have read and completely understand all terms and conditions of the agreement.				
Step 3: Signature: X		Date:	Date:	
Select this box if you are signing this form with an Electronic Signature (digital signature or typed-printed name). I agree and understand that by signing this form with an Electronic Signature that this is the legal equivalent of my manual/handwritten signature.				
I understand that once this document is submitted to the Stars & Stripes Business Office, this drop request form goes into effect immediately. If I drop a class midmonth, I will not receive credits and/or refunds for the remaining classes in the current month. If I wish to complete the remaining classes in the current month, I will turn in the drop request form after the last class of the month. If I decide to cancel a class before it begins, I understand that Stars & Stripes does not issue refunds.				

## You may submit your completed form using one of the following methods:

- Text the completed form to (248) 971-7440
- Email the completed form to clarkston@starsandstripes-athletics.com
- Fax the completed form to (248) 625-3577
- Drop the completed form to the Stars & Stripes Business Office
- Mail the completed form to Stars & Stripes Athletics, 4630 White Lake Rd. Clarkston, MI 48346

ASSUMPTION OF RISK. WAIVER OF LIABILITY: As legal guardian and/or one of the above named persons and/or participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, play time, field trips, Special Olympics, swimming, competitions, preschool, group activities, family fun inglish, parents inglish out, trampoline, dance, karact, circuit training, group litting, and thress and athletic training, Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Stars & Stripes Athletics and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, sevecutors, and successors, hereby COVENANT NOT TO SUE and FOREVER RESE Stars & Stripes Athletics is officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Stars & Stripes Athletics. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant and/or myself be used to previous of stars & Stripes Athletics will only warn the participant thrus safety messages and our teaching style and progressions. I also understand and give permission for photographs and videos of named persons and/or prevised to in print or broadcast media as deemed appropriate for the promotion of Stars & Stripes Athletics.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE: I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Stars & Stripes Athletics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Stars & Stripes Athletics staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by the Stars & Stripes Athletics staff to seek medical help including calling of an ambulance for said named persons and/or participants about the Stars & Stripes Athletics. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participanting at Stars & Stripes Athletics.

TUITION PAYMENT, ENQLIMENT AND INSTALLMENT BILLING INFORMATION: I understand if the above named person is enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition and continuously enrolled in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition in the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will incur installment monthly tuition. In the program and I will be considered a makeup for classes dead on the program and installment monthly tuition. The service purchased and/or replication in the program and I will be considered a makeup for classes missed while we are closed for holidays. I am responsible to make timely payments of my balances due on my Stars & Stripes source. In should receive five classes during the month instead of four there will be no extra charge a manual account. The program stall have were closed for holidays. I am responsible to make timely payments of my balances due on my Stars & Stripes sugness Office, online at w

COMPETITIVE TEAMS EARLY TERMINATION FEES: Upon commencement, acceptance and placement onto a team including, but not limited to competitive teams, gymnastics teams and cheerleading teams I understand that Stars & Stripes has made financial commitments and obligations on my behalf based on my commitment. If a team member does not fulfill the season obligation as set forth in "The Role of the Athlete-Parent" and in the "Competitive Program Procedures Manual" or is removed from the team for an and all reasons I am financially responsible, including but not limited to meet fees, competition fees, crossover fees and/or any and all other fees associated with such team season. The gymnastics team season end date is June 30th and the competitive cheer team season end date is April 30th.

