



Bayou Belles

S P I R I T

Cheer ★ Dance

REGISTRATION PACKET 2015

www.bayoubellesspirit.com

BAYOU BELLES SPIRIT REGISTRATION 2015

REGISTRATION POLICY

- Participants must register every year and pay a registration fee once a year.
- Open registration will be October 1, 2014, through December 1, 2014. Registration costs are \$25 per participant or \$40 per family during open registration and will increase to \$35 per participant or \$60 per family after December 1, 2014.
- In-person registration will be held on October 18 and November 15 at Impact Sports located at 5935 North Market Street.
- Complete registration includes completed registration forms, registration fee, and one month's tuition. No exceptions.
- Registration is held on a first come, first serve basis, and classes will close when capacity is met.

PAYMENT POLICY

- Tuition is due on fifth of every month. Automated drafts will be drafted on the 5th of every month. Bayou Belles will only accept automated draft as monthly payment.
- Any draft that is declined will result in an additional \$25 fee.
- Participants with delinquent accounts will not be allowed to participate in classes until accounts have been paid.
- Payments received in advance for a three month half-semester will be discounted ten percent. Payments received in advance for a six month semester will be discounted twenty percent. These payments can be made with cash or money order.

REFUND POLICY/DROPPING CLASSES

- Monthly tuition is non-refundable.
- No semester refunds will be made except in the case of serious illness or injury as documented by a medical doctor.
- Bayou Belles Spirit, LLC reserves the right to make final decisions regarding all refunds.
- Written notification must be made to Bayou Belles thirty days before monthly payment is due to drop a class. Participants will be responsible for monthly tuition if written notification is not made on time. Written notification is required to drop a class.
- Registration fees will be re-assessed for any participant who drops a class and re-enrolls.

MAKE-UP POLICY

- Unfortunately, Bayou Belles Spirit has limited classes and cannot offer make-up classes at this time.
- No refunds will be made for missed classes with the exception of serious illness or injury or extenuating circumstances.

ATTIRE

- Cheer/Tumbling Attire: athletic shorts and t-shirt with athletic shoes; hair pulled back in a ponytail
- Dance Attire: athletic attire and preferably jazz shoes; hair pulled back in ponytail

QUESTIONS

- Email any questions to bayobellesspirit@gmail.com.
- For more information, call Sandy Hearron 318-469-3337 or Rebecca Galambos at 318-470-8330.
- You can visit our website at www.bayobellesspirit.com.

2014 BAYOU BELLES SPIRIT Registration Form

Please mail completed registration form, registration fee, and first month's payment to: Bayou Belles Spirit, LLC PO Box 1116
Blanchard, LA 71009 OR bring payment in person to Impact Sports located at 5935 North Market Street on October 18 or
November 15, 2014, between 9:00 a.m. and 12:00 p.m.

Participant's name _____ Age _____ Grade _____

Parent/Guardian _____ Home phone _____ Cell/Work phone _____

2nd Parent/Guardian _____ Home phone _____ Cell/Work phone _____

Address _____ City _____ Zip _____

Parent's E-mail address _____

Emergency contact _____ Home phone _____ Cell/Work phone _____

CHECK ONE OR MORE CLASSES TO REGISTER. Classes are filled on a first come, first serve basis.

_____ Class 1: Level 1-2 Tumbling on Mondays from 6:00-6:55 p.m.

_____ Class 2: Level 1-2 Tumbling on Mondays from 7:00-7:55 p.m.

_____ Class 3 Dance Technique on Mondays from 6:00-6:55 p.m. for 3rd-5th graders

_____ Class 4: Cheer Technique on Mondays from 7:00-7:55 p.m. for 3rd-5th graders

_____ Class 5: Level 1-2 Tumbling on Thursdays from 6:00-6:55 p.m.

_____ Class 6: Level 1-2 Tumbling on Thursdays from 7:00-7:55 p.m.

PAYMENT INFORMATION: Bayou Belles, LLC will draft payments monthly, unless participants pay with cash or check three or six months in advance.

Name on card: _____

Credit Card number: _____

Expiration Date: _____ CVC #: _____

By signing below, I authorize Bayou Belles, LLC to draft monthly tuition from my account on the fifth of every month. I also understand that I must submit any class cancellations in writing at least thirty days before a new month begins.

Signature: _____

BAYOU BELLES SPIRIT, LLC

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

To participate in Bayou Belles Spirit classes and activities, the parent(s) and/or legal guardian(s) of the minor participant must agree to the following:

Assumption of Risk

1. I and the participant(s) understand the nature of the classes held by Bayou Belles Spirit, LLC and certify that the participant(s) is qualified, in good health, and in proper physical condition to participate in such activity.
2. I acknowledge that if I or the participant(s) believe event conditions are unsafe, he/she will immediately discontinue participation in the activity and notify a coach.
3. I and participant(s) 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, inactions, those actions of others participating in the event, or the conditions in which the event takes place; and there may be other risks either not known to me and/or participants or not readily foreseeable at this time.
4. I and the participant(s) fully accept and assume all such risks and responsibilities for losses, costs, and damages I and or participant(s) incur as a result of my participating in the activity.

Release and Waiver of Liability

I and participant(s) hereby release, discharge, and covenant not to sue Bayou Belles Spirit, LLC, its respective directors, agents, officers, volunteers, employees, sponsors, advertisers, owners and lessors of the premises on which the activity takes place, (each considered one of the "releases" herein) from liability of claims demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operation.

Indemnity Agreement

1. I and participant(s) agree that if, despite this release, waiver of liability and assumption of risk I, participant(s), or anyone on my behalf, makes a claim against any of the Releases, I and participant(s) will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage or cost, which any may incur as the result of such claim.

I and participant(s) have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and understand that I and participant(s) 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. And I, as 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.

Participant's Name: _____

Parent's Printed Name: _____

Address: _____

Parent's Signature: _____

Date: _____

Bayou Belles Spirit Medical History Form

Student Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

In Case of Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____ Specialty: _____

Address: _____ Phone: _____

Accident/Health Insurance Information (please attach a copy of insurance card)

Company: _____ Policy # _____

Preferred Physician: _____ Phone # _____

Are you currently under a doctor's care? Yes No

If yes, explain: _____

When was the last time you had a physical examination? _____

Do you take any medications on a regular basis? Yes No

If yes, please list medications and reasons for taking: _____

Have you been recently hospitalized? Yes No

If yes, explain: _____

Do you have physical handicaps? Yes No

If yes, explain: _____

Diabetes? Yes No

Known heart disease? Yes No

Rheumatic heart disease? Yes No

A heart murmur? Yes No

Chest pain with exertion? Yes No

Irregular heart beat or palpitations? Yes No

Lightheadedness or do you faint? Yes No

Unusual shortness of breath? Yes No

Cramping pains in legs or feet? Yes No

Emphysema? Yes No

Other metabolic disorders (thyroid, kidney, etc.)? Yes No

Epilepsy? Yes No

Asthma? Yes No

Back pain: upper, middle, lower? Yes No

Other joint pain Yes No

Explain joint pain: _____

Muscle pain or an injury Yes No

Explain pain/injury: _____

Allergies Yes No

Please list allergies: _____

To the best of my knowledge, the above information is true.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, I hereby give permission to the physician selected by my child's Bayou Belles Spirit Coach/instructor to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

Parent/Guardian Signature: _____ Date: _____

Bayou Belles Spirit, LLC

Photo/Video Release

I hereby give permission for images of my child captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Bayou Belles Spirit, LLC promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/Guardian Signature: _____ Date: _____

Participants's Name: _____