



# General Participation Waiver MONTHLY CLASS & OPEN GYM WAIVER

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian(if under age 18): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### Please initial each section and complete with your signature.

\_\_\_\_\_ **Assumption of Risk** I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. I hereby release, discharge, covenants to indemnify and not to sue Pacific Cost MAGIC, Inc., its affiliated organizations and sponsors, their coaches, and associated personnel, officers, directors, board members, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in a PCM event.

\_\_\_\_\_ **Consent for Treatment** The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the activities included in the sport of cheerleading and/or dance. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I accept that all parties herein referred to above as releasees are not to be held responsible for any pre-existing medical conditions or any medical conditions I fail to disclose on my health history. I also agree to save and hold harmless and indemnify above releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee.

\_\_\_\_\_ **Photographic Release** I hereby authorize Pacific Cost MAGIC, Inc. and its designated photographers, hereafter referred to as "PCM," to publish photographs taken of myself (if 18 years of age or older) or my minor child for use in PCM's print, online and video-based marketing materials, as well as other PCM publications. I hereby release and hold harmless PCM from any reasonable expectation of privacy or confidentiality for myself or my minor child associated with the images specified above. Further, I attest that I have full authority to consent and authorize PCM to use such likenesses. I further acknowledge that participation is voluntary and that I waive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other PCM publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release Pacific Cost MAGIC, Inc., its contractors, its employees and any third parties involved in the creation or publication of PCM publications, from liability for any claims by me or any third party in connection with my participation or the participation of my minor child.

\_\_\_\_\_ I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

\_\_\_\_\_ I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of listed minor applicant/participant, acknowledge and agree that I am the parent or legal guardian of the above named minor and therefore have the authority to grant these permissions.

\_\_\_\_\_ This authorization expires one year from the date it is signed.

\_\_\_\_\_  
Participant Signature (if 18 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Pacific Coast Magic, Inc.

## Monthly Class Office Policies

Fees and Payments

PLEASE READ, INITIAL, & SIGN

Cheer, Tumbling, Dance

**CLASSES INITIAL BELOW AND SIGN (Items 1-9)**

- \_\_\_\_\_ 1.) Registration fees are due annually from the date of your registration.
- \_\_\_\_\_ 2.) Monthly fees are due on the first of each month and if not paid by the 7<sup>th</sup>, a late fee is automatically assessed.
- \_\_\_\_\_ 3.) If monthly payments and assessments paid by check are returned for any reason, there will be a \$25.00 Service Charge that must be received within 5 days. Pacific Coast Magic, Inc. reserves the right to forward the issue of non-payment items to the Riverside County District Attorney Bad Check Restitution Program and your child might be dismissed from the program.
- \_\_\_\_\_ 4.) ***Make-up classes are offered*** if your child misses their designated academy class time. You must notify the office at least 3 hours in advance of that missed class. In addition, Pacific Coast Magic reserves the right to reschedule tumbling classes around our competitive cheer team schedule.
- \_\_\_\_\_ 5.) All PCM invoices will be emailed each month at the end of the prior month (around the 25<sup>th</sup>). Please read over your invoice and notify the Office Manager prior to the 1<sup>st</sup> if there is a discrepancy in your bill.
- \_\_\_\_\_ 6.) All classes are on a monthly basis, from the 1<sup>st</sup> to the 31<sup>st</sup>. If your child would like to CHANGE or DISCONTINUE taking a class, **you must notify** the main office in writing **4 WEEKS IN ADVANCE**. If notification is not received you will be charged for the additional months that a space was held in your child's name.
- \_\_\_\_\_ 7.) Your child's entire monthly fees are due regardless of how many classes your child attends and/or holidays that Pacific Coast Magic observes in any given month. Our class fees are based on a four week month while some months have three weeks and other months have five weeks.
- \_\_\_\_\_ 8.) Your child can be suspended from class for displaying inappropriate behavior and refusal to follow gym rules and coaches instructions. You are still responsible for your child's monthly fees and account during the suspension period.
- \_\_\_\_\_ 9.) If you choose to participate in private lessons, your instructor reserves the right to set up a personal contract with you and your child. All Private lessons must sign in and pay the front office staff prior to each and every lesson. Please make **checks payable to your instructor, cash is also an option**. Private Athletes are required to pay the yearly Membership of \$35.00

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**~OFFICE USE ONLY~**

CLASS TYPE: _____	DAY/TIME _____	TEACHER _____
REGISTRATION FEE _____	+ FIRST MONTH'S TUITION _____	= TOTAL DUE NOW _____
TOTAL DUE NEXT MONTH _____	Entered in Computer _____	



# Pacific Coast Magic, Inc.

Murrieta Location: 25763 Jefferson Ave, Murrieta, CA 92562

## Mandatory Official Account Authorization Form

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, do hereby give Pacific Coast Magic, Inc., authorization to use my credit/debit card for all monthly payments (tuition. assessment fees, monthly fees etc).

- 1.) All PCM Cheerleaders/Tumblers will receive tuition invoices via email around the 25<sup>th</sup> of the prior month. Read over your invoice and notify the Office Manager prior to the 1<sup>st</sup> of each month if there is a discrepancy in your monthly bill. A valid email address is required for proper notification of statements.
- 2.) I acknowledge that the fees mentioned above for Academy/Teams will be deducted on the 1<sup>st</sup> of each month. I acknowledge that if the 1st or 15th of the month falls on a weekend or a holiday, that my card will be charged on the Friday prior to the weekend.
- 3.) I understand that I must have an up to date account on the PCM Parent Portal for monthly payments.
- 4.) I understand and agree that if my child chooses to pay for their own tuition and assessments, that I am fully responsible if he or she cannot make the monthly payments on time.
- 5.) I understand that if my child decides to quit Pacific Coast Magic's Academy's Class Program, a 4 Week Drop Notice in writing is required. If notice is not received, the card on file will be charged for the additional month of classes.
- 6.) **TEAM MEMBERS ONLY...6A)**I understand that I am required to fill out a new registration packet; in addition to this paperwork, with the team guidelines and policies pertaining to the cheer season.  
**6B)** If my child decides to quit the PCM Competitive Program (for anyreason other than family relocation with a valid Real Estate document or season ending sports injury with a valid physician's certificate) at anytime from June 1, 2020 to the end of the competition season (April 30<sup>th</sup>, 2021) I will be charged a \$500.00 and after August 1, 2020 a \$250.00 CANCELLATION FEE. This fee will be deducted from this card given to Pacific Coast Magic, Inc. If a card is not available or valid, the fee will be due by check or cash within one week of the drop fee posting.

I give Pacific Coast Magic, Inc. permission to use the credit card information provided for all fees due including but not limited to tuition, monthly fees, late fees, violation fees and drop fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name as it appears on card: \_\_\_\_\_

Type of Card:      VISA      MASTERCARD      AMEX      DISCOVER

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Account Number: \_\_\_\_\_

- Pacific Coast Magic, Inc. accepts all credit/debit cards and if needed all customers will be allowed to switch cards when necessary.
- Pacific Coast Magic Owners and Office Staff Administrators will solely be responsible for the manual deduction of fees to this card each month.
- Pacific Coast Magic, Inc. does not retain written credit card information. This portion of the form is destroyed after entering in our billing system where it is encrypted. For that reason, PCM staff is unable to see or use your card number for anything other than items billed for by PCM. If your card number is needed for anything other than that, you will need to furnish it.