



SEASON 7 CHEER HAVEN ALL-STAR MEMBER TERMS AND CONDITIONS:

Please read and initial beside each item. It is important you fully understand the time and financial commitment related to joining an all-star team.

 I understand that I am entering into the Cheer Haven program of my own free will, and I have thoroughly read and understood the program handbook.

 I understand that this is a 11-month financial commitment. I also understand that if I fail to honor my commitment, no refund will be issued to me.

 I understand any outstanding balances related to the team must be paid in full prior to scheduling private lessons or additional class training at Haven.

 I understand that I will receive any relevant information from Cheer Haven related to competitions. I understand my child needs to arrive on time and not leave early for any scheduled practices, competitions, or mandatory events.

 I understand an excused absence is limited to school functions, death in the family or illness. All all-star events including exhibitions and competitions are mandatory for all team members. Missing practice for any other reason other than the three listed previously will also result in an UNEXCUSED absence.

 I understand my child must wear the proper practice attire to every scheduled practice. If the bow or another article of the uniform is lost, I understand I must purchase a replacement from Rebel Athletics and arrange shipping.

 I understand I will need to get permission from Cheer Haven before using the logo, name, my child's uniform or any likeness associated with Haven for creating apparel or any other purpose.

I, _____ (guardian's printed name), understand, accept and agree to all of the terms and conditions within the Cheer Haven All- Star Handbook.

ATHLETE NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

RECURRING CREDIT CARD PAYMENT AUTHORIZATION:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
 (Cardholder's Name) (Merchant's Name)

Credit Card indicated below for \$ _____ on the _____ of
 (Amount \$) (day)
 each _____.
 (week, month, etc.)

Billing Information:

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details:

I give Cheer Haven permission to continue to use the [current card on file for Season 7](#).

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____



Jackrabbit Class

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Haven Cheer & Gymnastics in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

(Cardholder's Signature)

____ Card currently on file
 (no change/update)

_____ (initial)

HAVEN ALL STAR REGISTRATION FORM 2024-2025



FAMILY NAME: _____

ATHLETE #1: _____

PRIMARY TEAM: _____

CROSSOVER TEAM

IF APPLICABLE: _____

ATHLETE #2: _____

PRIMARY TEAM: _____

CROSSOVER TEAM

IF APPLICABLE: _____

MONTHLY TRAINING FEE(S) _____
Athlete #1 Athlete #2 (Discounted)

CROSSOVER FEE _____
Athlete #1 Athlete #2

COMPETITION FEE _____
Athlete #1 Athlete #2

FAMILY MONTHLY TOTAL TO BE RUN ON THE 1ST OF THE MONTH _____

I AGREE THAT THE FEE LISTED WILL BE AUTO-DRAFTED VIA THE ACCOUNT LISTED ON MY JACKRABBIT
ACCOUNT ON THE 1ST OF EACH MONTH _____

Office Use Only

Paid Haven
Registration Fee