



Hollywood North
 468 Gradle Drive Suite 100
 Carmel, In. 46032
 317-818-8480

WWW.HOLLYWOODCHEER.COM

HOLLYWOOD DROP FORM

Student's Name: _____ DATE: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Please list the reason for your drop and the date of your last class:

HOLLYWOOD DROP POLICY

-30 DAY DROP NOTICE REQUIRED AND TURNED INTO FRONT DESK

-If we do not have a signed drop form on file your child is reserving a spot in class and is therefore required to pay for it

-If you inform someone other than management you are dropping, you will be charged until the front desk is notified in writing.

-Credits will **NOT** be given

-Temporary drop notices can freeze your account if an injury occurs. The front desk will need documentation from a doctor's office stating that your child is not allowed to participate.

Signature of Acknowledgement: _____

INTERNAL USE ONLY:

Coach: _____	REMOVED FROM BOOK _____ initials _____ date
Day & Time: _____	REMOVED FROM DATABASE _____ initials _____ date
Class Level: _____	AUTO DEBIT Y / N REMOVED FROM LIST _____ initials _____ date

LIABILITY/MEDICAL RELEASE

In consideration of Famous Kidz/Indiana Athletics accepting my child into participation and training in cheerleading, dance, gymnastics, karate, exercise, which activity I hereby acknowledge involves greater than normal risk of injury. I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connections with participation and training in cheerleading, dance, gymnastics, karate, exercise classes, and programs.

I give permissions to Famous Kidz/Indiana Athletics and/or appropriate medical facility to take whatever emergency (first aid, disaster evacuation etc.) measures are judged necessary for the care and protections of my child while under the supervision of Famous Kidz/Indiana Athletics.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems if necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physicians, and/or other adult acting on the parent's behalf.

WARNING CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY.

Further, I hereby release and agree to hold harmless and indemnify Famous Kidz/Indiana Athletics, Owners, Employees or Volunteers from any claims, losses, or expenses incurred on behalf of me, my child or my child's family.

Guardian's Signature _____ Date _____

*Student may sign if over 18 years of age.

TUITION PAYMENT OPTIONS

_____ **Option 1 Automatic Debit of my Credit Card or VISA check card**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS TO CREDIT CARD/ DEBIT CARD

I (we) hereby authorize **Famous Kidz/Indiana Athletics** to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my (our) Credit Card account indicated below and the DEPOSITORY, to DEBIT and/or CREDIT the same to such account.

_____ **Option 2 Monthly payment by cash/check/credit card/check card (Non Automatic)**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS TO CREDIT CARD/ DEBIT CARD

I (we) understand that it is my/our responsibility to have the monthly payment into the office **BEFORE THE 25TH OF THE PREVIOUS MONTH**. If I fail to do so, I (we) hereby authorize **Famous Kidz/Indiana Athletics** to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my (our) Credit Card account indicated below and the DEPOSITORY, to DEBIT and/or CREDIT the same to such account.

_____ Mastercard _____ Visa

Credit Card Number: _____

Expiration: _____ CVS: _____ Amount: _____

***This authority is to remain in full force and effect from _____ or until Famous Kidz/Indiana Athletics has received at least a 30-day written notification from me (or either of us) of its termination in such manner as to afford Famous Kidz/Indiana Athletics and DEPOSITORY a reasonable opportunity to act on it.**

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____