



Athlete/Parent Compliance Agreement

Please initial your agreement next to each line:

As an athlete of (Insert Your Company's Name Here):

1. ___ It is my responsibility to manage my time effectively so that my schoolwork and test do not interfere with my practice schedule
2. ___ Extracurricular activities such as dances, parties, ball games that I am not a school team member of, or any other conflicting events is not a valid reason for missing practice or competition. I will likely have to give up some social events.
3. ___ At all times I will reflect and uphold all the morals, ethics, and standard policies of (Company Name) and will always be a strong, positive representative of (Company Name).
4. ___ **I will always be respectful to everyone. Disrespect or negative behavior unbecoming of a (Company Name) athlete at any time or event is grounds for termination from the program.**
5. ___ I understand that if I become unable to meet or maintain certain criteria of skills set forth to be a member of a team, **I may be moved to a squad more suited to my skill level.**
6. ___ My participation is a commitment until the end of the entire season.
7. ___ If I am sick, and non-contagious, I must attend practice to observe any changes that may affect my position in the routine.
8. ___ **I must always notify the gym if I am unable to attend any of the practices 24 hours in advance**, unless there are emergency circumstances.
9. ___ All practices the week prior to an event are mandatory. If for some reason you are unable to attend any such practices, you may be replaced in the routine for that event.
10. ___ Excessive tardiness may result in suspension and/or removal from the team.

(Student Name)

(Date)



As a (INSERT COMPANY NAME) Parent:

1. ___ I am fully aware that taking part in (Company Name)'s Cheerleading program there is a possibility of injury or sickness to my daughter/son, and knowingly and freely agree to hold (Company Name)'s and its staff harmless for any injury/sickness.
2. ___ I understand that, should my child become injured or ill in any way it is my responsibility to immediately notify a (Company Name)'s staff member. Upon injury or illness the (Company Name) staff reserves the right to suspend an athlete from any practice or training until which time we receive approval from a medical professional that your child may resume training.
3. ___ I understand that I will forfeit all payments (sponsorships or personal) paid into the season if my child leaves the program.
4. ___ I understand that the participation in the (Company Name) program is a full commitment through the end of the season.
5. ___ I understand all the payment policies and will adhere to them as set for the by the payment schedule and **my account must remain current in order for my child to participate.**
6. ___ I understand that all practices after camp are mandatory. I understand that I am responsible for notifying the (Company Name) staff if my child is unable to attend any team practice.

(Parent/Legal Guardian Signature)

(Date)