

**Sonic Elite Olympia  
Tumbling/Cheer Classes,  
Clinics, and Open Gym  
Handbook**



**2019-2020**

Welcome to Sonic Elite Olympia! We are excited about your choice to further your cheerleading and tumbling training with us. Our talented and experienced coaching staff will do everything in their power to help you refine and progress in your skills.

## COMMUNICATION

**If you have a question, concern, or just need to chat about something, please email us. Please refrain from text messaging and Facebook messaging, or any other method that is not email. In the case of an emergency do not hesitate to contact us in any way.**

For topics pertaining to joining SEO, practices, clinics, classes, competitions, events, apparel orders, teams, athlete accounts, invoices, payments, or anything related to finances please email:

Julia Bennett  
SEO Owner and Director  
[soniceliteolympia@gmail.com](mailto:soniceliteolympia@gmail.com)

**If you would like to have a face to face meeting of any kind with an SEO staff member before or after a practice you must make a request via email or by phone and confirm an appointment 24 hours in advance.**

## **COSTS AND PAYMENT INFORMATION**

**There are a few options you can choose from to make payments. Please read the following and choose your preferred method.**

### **Weekly Cheer Fundamental Classes:**

- \$100 per monthly session

- Includes 1 hour cheer class per week, and 1 hour tumbling class, 2 showases

- Optional apparel package: \$300

Includes- 1 practice bow, 2x T-shirts, 2x tank tops, 2x shorts, 2x sports bra, 1x sweatshirt, 1x backpack, and shoes.

- Pay with a check or cash at the time of service.

- Provide your bank account or credit card (3% fee applies) information using the attached form. This information will be kept on file and you will be automatically billed at the time of service.

### **Weekly Tumbling/Stretch Classes:**

- Purchase an eight visit punch card for \$100 at the gym (\$12.50 per visit).

- Pay \$15 per visit with a check or cash at the time of service.

- Provide your bank account or credit card (3% fee applies) information using the attached form. This information will be kept on file and you will be automatically billed at the time of service.

### **Open Gym:**

- Pay \$5 per visit with a check or cash at the time of service.

### **Clinics:**

- Pay with a check or cash at the time of service. Prices vary per clinic.

- Provide your bank account or credit card (3% fee applies) information using the attached form. This information will be kept on file and you will be automatically billed at the time of service.

**You will not be able to participate without payment and this handbook completed and returned to SEO before your first class, clinic or open gym.**

# TREATMENT/LIABILITY/PUBLICITY RELEASE WAIVER

## -Return to SEO before attending for the first time-

Please read and initial the following:

\_\_\_\_\_ I authorize medical professionals to administer any necessary emergency treatment for any injury or serious illness if neither parent can be reached. I will assume all financial responsibility for any media treatment.

\_\_\_\_\_ I understand any equipment used at tumbling classes, clinic, or open gyms has associated risks and that injuries are a possibility.

\_\_\_\_\_ I further acknowledge that each participant has elected to participate in Sonic Elite Olympia program at their own risk and will not hold the Sonic Elite Olympia owners and/or instructors liable for any and all injuries that may occur while participating in any activity or event that Sonic Elite Olympia may hold.

\_\_\_\_\_ I hereby grant Sonic Elite Olympia and its successors, the unrestricted right to use my child's name, likeness, or appearance on any program literature, calendars, photographs, flyers, video material, film material, computer software, computer hardware, electronic on-line services, or other similar promotional material in any form, content or medium to promote or market Sonic Elite Olympia.

**Athlete Name:** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONTACT AND HEALTH INFORMATION

**-Return to SEO before attending for the first time-**

Athlete Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_

School: \_\_\_\_\_

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

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

Mothers Name \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any allergies?

If yes, please specify: \_\_\_\_\_

Does your child have asthma? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please make sure your athlete any necessary medication with them at all SEO events.

Does your child have any history of heart problems/seizures or severe medical problems?

If yes, please specify: \_\_\_\_\_

Has your child had any broken bones, sprains, tears, concussions, or seizures?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Athletes Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

### **Emergency contact other than parents:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

## CREDIT CARD OR BANK ACCOUNT INFORMATION

### -OPTIONAL-

By signing below and providing my credit card or bank account information I authorize Sonic Elite Olympia to automatically charge me at the time of service each time my child attends a tumbling class, clinic or open gym

**The following banking and or credit card information will be removed and permanently destroyed immediately after being entered into the SEO accounting program.**

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**Bank Name:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**OR**

**Name on Card:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Athlete Name:** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_