



PACIFIC COAST MAGIC, INC.

2013-2014 REGISTRATION FORM

Today's Date: _____ How did you hear of PC MAGIC? _____

FAMILY NAME: (Last Name) _____

CONTACT #1 NAME: (First, Last) _____ Relationship _____

Home #: _____ Cell#: _____

Work #: _____ Employer _____

E-mail Address: _____

CONTACT #2 NAME: (First, Last) _____ Relationship _____

Home #: _____ Cell#: _____

Work #: _____ Employer _____

E-mail Address: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: (*other than parent*): _____

Relationship to child: _____ Cell#: _____

PARTICIPANT'S NAME:(First, Last) _____ Nickname _____

Gender _____ Birthdate: _____ Age as of August 31, 2013 _____

Participant's Email: _____ Participant's Cell: _____

School: _____ Grade: _____

Child Lives with: Mom & Dad _____ Mom _____ Dad _____ Other (name) _____

Siblings (Name/Ages): _____

PARTICIPANT'S MEDICAL HISTORY & INSURANCE INFORMATION

List any and All Disabilities/Allergies: _____

Medications Taken & Time of Day: _____

Primary Doctor: _____ Phone #: _____

Any Medical Conditions We Should Be Aware Of?: _____

Insurance Carrier: _____ Policy#: _____

Group#: _____ Phone#: _____

~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.

2013-2014 Participant Release and Waiver Form

Participant's Name _____

Parent/Legal Guardian Name _____

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____, as parent or legal guardian of _____, minor (hereinafter "minor") hereby grant the permission necessary to allow Minor to participate in the class conducted by "Pacific Coast Magic, Inc." I acknowledge and agree, in my own behalf and on the behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the classes. In the event of such illness or injury, I authorize "Pacific Coast Magic, Inc." to obtain necessary medical treatment for the Minor. I further acknowledge and understand that I will be responsible for any and all medical and related costs that may be incurred on behalf of the Minor for illness of injury that the Minor may sustain during the classes and while traveling to and from the class site.

I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless Releasees for any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the "Pacific Coast Magic, Inc." classes, including traveling to and from the classes. I further expressly agree to indemnify and hold harmless Releasees and Releasees heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to the Minor in any way from the forgoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during the Minor's participation in the facilities activities, that the Parent holds full responsibility for the Minors actions in the event that the Minor may be found by a court of law to maintain a lawsuit against "Pacific Coast Magic, Inc.", it's owners and instructors on the basis of the Minor's claim from which I have released the Minor herein.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on the behalf of the Minor, am aware that this Release and Waiver releases from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and behalf of the Minor have signed the document voluntarily and of my own free will. I, in my own behalf and behalf of the Minor have read this completely and understand the terms, and agree to be bound by its terms.

I grant Pacific Coast Magic, Inc., its subsidiaries, affiliates, licensees, successors, assignees, management and employees the right to use my child's name, voice, musical, renditions, and my likeness, image and picture of my child for any lawful purpose whatsoever, regardless of whether or not I am ever employed by or remain employed by Pacific Coast Magic, Inc. I waive my right to inspect and/or approve the finished product or the advertising copy. I also release, discharge, and agree to save and hold Pacific Coast Magic, Inc., and it subsidiaries, affiliates, licensees, successors, assignees and management and employees harmless from any liability by reason of blurring, distortions, alterations, optical illusions or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the pictures or recording or in the processing or completion of the finished product. All work performed or products produced by me or my child are the property of Pacific Coast Magic, Inc., and its affiliates.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Above Signed _____ Relationship to Minor: _____

Phone #: _____ Email: _____



2013-2014 PACIFIC COAST MAGIC, INC.

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 7th, a late fee is automatically assessed.
- _____ 3.) If monthly payments and assessments paid by check are returned as non-sufficient funds, 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 25th). Please read over your invoice and notify the Office Manager prior to the 1st if there is a discrepancy in your bill.
- _____ 6.) All classes are on a monthly basis, from the first to the first. 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 4 week month while some months have 3 weeks and other months have 5.
- _____ 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.

COMPETITIVE TEAMS INITIAL BELOW AND SIGN (Items 10-22)

- _____ 10.) The cheer season is a full year commitment from May 2013 through April 2014.
- _____ 11.) All PCM customers are required to have their monthly fees charged to a credit card/debit card (we accept all credit cards) for monthly payments. Your credit card information will be held on file and secured. All payments are deducted on the 1st of each month or the Friday before if the 1st falls on a holiday or weekend. If a credit card transaction does not go through, you will be notified and have until the 7th to bring in an alternate form of payment. A \$25 late fee will be assessed if payment is not received by the 7th All PCM invoices will be emailed each month at the end of the prior month (around the 25th). Please read over your invoice and notify the Office Manager prior to the 1st if there is a discrepancy in your bill.
- _____ 12.) If a customer would prefer to use personal checks for their monthly fees, it is necessary for you to turn in 10 post dated checks to the office in the amount of your monthly fees. These checks must be turned in at your acceptance/registration meeting. These checks will be deposited on the 1st of each month. A returned check will be charged a \$25 service fee that must be paid by cash, money order, or cashier's check within five business days and you will not be allowed to use that option of payment again.
- _____ 13.) Your account must be current for your child to participate in team practices, tumbling classes, open gym, and/or to compete at competitions and in private lessons.
- _____ 14.) All monthly fees, assessment fees and or uniform fees must be paid in advance of an event in order to participate, and all fees are **100%non-refundable for any reason**.
- _____ 15.) If you choose to pay your competitive fees in full and choose to discontinue anytime from May 2013 to April 2014, your paid fees are **non-refundable**. The \$500 Drop Fee will be deducted and the remaining balance will be kept in your child's account for any future PCM use. **REFUNDS** will not be given.
- _____ 16.) I understand that if my child decides to quit the Pacific Coast Magic Competitive Program (for any reason other than family relocation with a valid Real Estate document or a season ending sports injury with a valid physician's certificate) at anytime from June 1, 2013 to the end of the competition season (April 30, 2014) I will be charged a \$500.00 CANCELLATION FEE. This fee will be deducted from the credit/debit card given to Pacific Coast Magic, Inc or will be paid by a Check within 5 days if a Credit Card is not available.
- _____ 17.) It is mandatory to abide by the Attendance Policies stated in the 2013-2014 Handbook, that all cheer team members are to attend their team's practice if they are sick or injured and unable to participate in practice. It is important that the front office staff is notified by the parent prior to a sick day/practice.
- _____ 18.) If at any time your child misses a competition for an unexcused reason, this is means for immediate termination from the team and no refund of any kind will be issued.
- _____ 19.) Your child's entire monthly fees are due regardless of how many practices your child attends and/or holidays that Pacific Coast Magic observes in any given month. Secondly, extra practices are common and are not charged for.
- _____ 20.) If your child will be out for any practice day during the Summer Months, please fill out a vacation and turn it into your head coach. All Cheer members must hand in the vacation request form **2 weeks** prior to their departure date. If a notice is not handed in, that child may lose their competition spot and will sit out of practice for a day. **After September 1, 2013** a participant will only be excused for graded school activities or severe illnesses with a doctor's note.
- _____ 21.) Your child can be suspended from work outs 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.
- _____ 22.) 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.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Relationship to Minor: _____



PACIFIC COAST MAGIC, INC.

Murrieta Location: 25815 Jefferson Ave, Murrieta, CA 92562

Irvine Location: 5 Watson Irvine, CA 92618

Corona Location: 191 Granite Street Suite C, Corona, CA 92879

Anaheim Location: 425 North Shepard St. Anaheim, CA 92806

Mandatory Official Account Authorization Form 2013-2014

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).

Initial _____ 1.) All PCM Cheerleaders/Tumblers will receive invoices via email around the 25th of the prior month. Read over your invoice and notify the Office Manager prior to the 1st of each month if there is a discrepancy in your monthly bill.

Initial _____ 2.) I acknowledge that the fees mentioned above will be deducted on the 1st of each of month. I acknowledge that if the 1st of the month falls on a weekend or a holiday, that my card will be charged on the Friday prior to the weekend.

Initial _____ 3.) 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.

Initial _____ 4.) I understand that if my child decides to quit Pacific Coast Magic's Class Program, a 4 Week Drop Notice in writing is required. If notice is not received, this card on file will be charged for the additional month of classes.

Initial _____ 5.) **TEAM MEMBERS ONLY**....I understand that if my child decides to quit the PCM Competitive Program (for any reason other than family relocation with a valid Real Estate document or season ending sports injury with a valid physician's certificate) at anytime from the acceptance dates to the end of the competition season (April 30th, 2014) I will be charged a \$500.00 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.

Name as it appears on card: _____

Type of Card: VISA MASTERCARD AMEX DISCOVER

Account Number: _____

Expiration Date: _____

Zip Code to where the card's bill is mailed: _____

- *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. holds full responsibility in keeping account information in a secured locked drawer and will not disclose any account information to third parties.*

Card Holder's Signature: _____

Date: _____