

Coastal Ga Athletics - Half-Year Team Time Commitment Form

-----Practices-----

The Team will practice 1 time per week on Wednesdays from 4:20pm to 5:50pm.
Additional practices may be called as necessary.

Allstar Cheer is unique in that it is a complete team sport. Subsequently, attendance by the entire team is necessary to have a fully functional practice.

More than 3 unexcused absences between November and April may result in removal from the team. During the week of a competition, practices are absolutely mandatory. Absences the week of a competition may result in a suspension.

-----Choreography-----

Choreography will be held over the weekends of December 7th and January 11th
These are very crucial practices, where the routine is created and learned.
Therefore, attendance is mandatory.

-----Performances-----

CGA Season Showoff at CGA on February 29th
Jacksonville Diamond Championship in Jacksonville, Fl on March 14th
All Out Season Showdown in Orlando, Fl on April 25th

I, _____, am fully aware of the time commitment involved with being on a competitive team at CGA and that it is my responsibility

to have _____ at all of his/her practices, events, choreography and competitions on time. I understand that we are committing to CGA through the last competition of the season. I also acknowledge that it is my responsibility to keep up with my child's schedule and to regularly check for updates that are available via Email, Texts, CGAcheer.com, Team Facebook Pages, Handouts and posted at CGA.

Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

Coastal Ga Athletics - Financial Commitment Form

CGA Half-Year Team

\$175 per Month
(November-April)

**The above payment terms cover practically everything
involved with being a **CGA** Half-Year Team Member!**

**Including All your Team Practice Time, Competition Fees,
Choreography, Music, Shoes, Bow, **CGA** Half-Year Uniform
Plus 1 additional Tumbling Class a week!**

This Contract is for the following Athlete:

(Cheerleader's Name)

I, _____, agree to the payment terms
(person responsible for payment)
indicated above and am aware that I am committing to the Entire CGA Competitive Season. I
acknowledge that there are NO REFUNDS. I further agree that if I leave the program for any
reason that I will forfeit any unreceived CGA items.

Signature _____ Date _____

Coastal Georgia Athletics, Inc

1303 Grant Street, Brunswick, Ga 31520
CGAcheer.com

CGA Half Year Teams Automatic Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, AMEX or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments for CGA Half Year Teams Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt will be emailed for each payment and the charge will appear on your bank or 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.

Please complete the information below:

I _____ authorize Coastal Ga Athletics to charge my
account indicated below for **\$175** per month on the **5th** of each month (November-April) for
payment of the 2019-2020 CGA Half Year Competition Season for

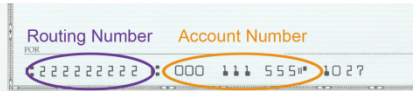
_____ (Athlete's Name)

Billing Address _____ Phone# _____

City _____ State _____ Zip _____ Email _____

Checking/ Savings Account

Checking	Savings
Name on Acct _____	_____
Bank Name _____	_____
Bank Routing # _____	_____
Account Number _____	_____



Credit Card

Visa	MasterCard	AMEX	Discover
Cardholder Name _____	_____	_____	_____
Account Number _____	_____	_____	_____
Exp. Date _____	_____	_____	_____
CVV (3 digit number on back of card) _____	_____	_____	_____

Authorization Expiration Date: _____ 4/30/2020 _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify Coastal Georgia Athletics in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Coastal Ga Athletics may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH 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/bank account and agree not to dispute these scheduled payments with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.