



Athlete Information

Athlete Full Name: _____ Phone #: _____

Address: _____

Parent Email Address: _____ Date of Birth: _____

School Name: _____

Present Grade: _____

Parent/ Guardian Contact Information

Fathers/Guardian Name: _____ Phone #: _____

Address (if different than above): _____

Email Address: _____

Mothers/Guardian Name: _____ Phone #: _____

Address (if different than above): _____

Email Address: _____

Emergency Contact Information

Primary Contact Name: _____ Phone #: _____

Secondary Contact Name: _____ Phone #: _____

For Official Use Only

Reg. Date: _____ AAU Reg. Fee Paid: _____ AAU Member #: _____

Payment: (1) Cheer Uniform Package \$350.00 _____

(2) Registration \$25.00 _____

(3) Monthly Fee \$60.00 _____

Fees are due at registration.



Athlete Order Form

All Cheerleaders will receive:

- 2- Cheer Uniforms
- 2- Hair Bows
- 2- Pairs of Socks
- 2 Pairs of Shoes
- Practice Uniform
- Team Bag

Athlete Name: _____

For Official Use Only

Shirt Size			
Youth:		Adult:	
S		S	
M		M	
L		L	
XL		XL	
Pant Size			
Youth:		Adult:	
S		S	
M		M	
L		L	
XL		XL	
Practice Uniform			
Youth:		Adult:	
S		S	
M		M	
L		L	
XL		XL	
Shoe Size			
Youth:		Adult:	
Dates Received	Cheer Uniform:	Practice Uniform:	Bows:
	Team Bag:	Shoes:	Complete:



Athlete Medical Form/ Consent

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>
If yes Date of last seizure: _____		
Latex Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Allergic Reactions (plant, insect, food, medicine)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify: _____		
Type/emergency medication: _____		
Recent exposure to contagious disease	<input type="checkbox"/>	<input type="checkbox"/>
Disease: Safety Concerns/Sleepwalking/Fainting	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Other	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Is student currently taking medication	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list medications needed for this activity:		

Other information or direction from parent:

I consent to First Aid during practice/ competition: Yes No

Athlete Name: _____

Parent Signature: _____ Date: _____



REGISTRATION POLICIES

REFUND POLICY

- All fees are based on a lump sum set cost determined by the program chosen. The program fee must be paid up front. The Monthly Fee is due on the 1st of each month, grace period is the 5th of each month. Failure to pay by the 5th will result in additional fees or cheerleader being placed on suspension until fees are paid.
- Fees include all cost, except food, travel, and lodging. If a player decides to leave the club prior to the end of the season, you must notify us in writing and will be responsible for the payment for the month you leave.
- If your child is placed on a team and decides not to join a team you must notify Southern Connection Org (SCO) one week prior to the registration deadline.
- ***Fees paid to the Club are non-refundable after a player has accepted a position on a team or officially joined a specific program. See below for refund exceptions.*** Fees cannot be refunded because once a player commits to a program; the Club spends the majority of the team budget in the first few weeks to cover expenses, insurance, equipment purchases, tournament entries, and uniforms -all expenses that are non-refundable to the Club.
- There are no credits or refunds for players who are unable to attend tournaments or practices, regardless of prior notification.
- Refund exceptions may be granted due to a season ending injury as a direct result of participating in a sanctioned Club event, serious illness, or relocation out of the area. In this instance, a pro-rated refund may be granted with a written request, submitted to the SCO Administrator, accompanied by a physician's report, where applicable. The SCO Administrator must receive a signed statement from a physician that states the player cannot participate and the duration that they are unable to participate.
- Players who have participated in fundraising, those funds cannot be refunded, but will be allocated towards other programs.
- All refunds will be handled on a case-by-case basis and exceptions will be made when applicable.



PRIVACY POLICY

Southern Connection Org (SCO) only collects personal information when you request our services and only uses the information collected to provide those services for you. If you choose to make a purchase, you will be asked to provide contact information (such as your name and address) and financial information (such as your credit card number and expiration date). This information is used for billing purposes and to process your order. SCO handles all of this data with the utmost confidentiality.

THIRD PARTIES

Any personal information provided will not be traded, rented, sold or otherwise shared with anyone outside of SCO, Sports You or used for reasons beyond those contemplated in this statement. From time to time, we may engage third parties to process your information on our behalf; however, none of affiliates (such as our credit card company) have permission to retain, share, store or use personal information for any reason other than providing the requested service.

SECURITY

To prevent unauthorized access, disclosure and improper use of your information, we have established appropriate physical, electronic, and managerial safeguards to protect the information we collect in accordance with our privacy policy.

Your payment and personal information is always safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all of your personal information, including credit card number, name, and address, so that it cannot be read over the internet." (etc.)

Furthermore, your credit card number, expiration date and CSV code is never stored in our systems, Unless for the processing of monthly charges.

Our systems are routinely scanned by a third-party provider for security vulnerabilities in compliance with the policies of VISA / MASTERCARD.



AGREEMENT BETWEEN USER AND Southern Connection Org

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[CONTACT US WITH QUESTIONS](#)

Call us at 912-226-4799 and leave a message if you have any questions.

For Billing Inquires please mail to:101 Blue Moon Xing, Ste 3 Box 112, Pooler, Ga 31322 Email: southernconnectionorg@gmail.com.

Parental Waiver, Release and Consent Form



As the parent / legal guardian of _____, I hereby give my consent and approval for my child to participate as a team member of Southern Connection Org, Panthers. I understand that there are certain risks of injury inherent in practice and competitions, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating, healthy and has no physical/ mental disabilities or infirmities that would restrict full participation, except as listed below:

_____Initials In addition to giving my full consent for my child's participation. I do hereby waive, release and hold harmless, Southern Connection Org, its officers, coaches, sponsors, rental facility staff and owner and representatives for any injury that may be suffered by my child while participating in tackle football and the activities incidental thereto, whether the result of negligence or any other cause.

_____Initials
I am aware, Southern Connection Org is not responsible for transportation of my child to and from practice and competitions. It is my responsibility as parent/ legal guardian to transport or arrange transportation and chaperone of my child to practice and competitions, regardless of location.

_____Initials I hereby consent to Southern Connection Org will photograph my child for the intended purpose of identification. Southern Connection Org will only share my child's photo with the league, to fulfill the requirement of participation in competition. As well as SCO website.

_____Initials

Southern Connection Org will not release, post or share my child's photo without written consent.

I give consent / I do not give consent _____Initials

Athlete Name: _____ Date of Birth: _____ M / F

Parent/ Legal Guardian Name (print): _____

Address: _____

Email: _____ Contact #: _____