

Commitment forms will are due November 1st. Practices will begin the first week of November!

MEDUSA (Mini Novice 1)

Wednesdays 5:30-7:00

**ATHENA (Youth Novice 1)** 

Mondays 6:00-7:30

**APOLLO (Junior Novice 2)** 

Wednesdays 7:00-8:30

**Optional Tumble Class** 

(\$50 Per Month)

Participants must sign up through Jackrabbit.

Ages 5-9

Wednesdays 7:00-8:00

Ages 10+

Mondays 7:30-8:30

2024-2025 Competitions:

12/7- Titan Elite Showcase Sparta, NJ

1/11- Hopatcong, NJ

2/2- Ramapo, NJ

3/2- Lincroft, NJ

3/23- Lincroft, NJ

### **DOWNLOAD THE TITAN ELITE APP!**

Stay connected with our all new Titan App! You can create your Jackrabbit account here!

### **JOIN US ON BAND!**

Please make sure to download the BAND app and join our 'Half Year Cheer' Group for all team communications and other information.





## **HYC REGISTRATION FORM**

Athletes Name:	M/F:	Date of Birth:	/	
Parent or Legal Guardian Name:				
_	Email:			
Street Address:				
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E	MERGENCY INFORM	IATION		
Emergency Contact:	P	Phone:		
	Primary Insurance:			
Existing Medical Conditions:				
Previous Illness Injuries:				
Allergies:				
Any other important information	we should know?			
	MEDIA CONSEN	ΙT		
During our program, we have oppore be taking photographs and videos a materials. Please indicate below wet published. I give permission for my	and may share them on s her you consent for thes	ocial media or use then se images and such to b	n for marketing e gathered and	
Parent or Legal Guardian Signatu	re	Date		
ACKNOWLE	OGEMENT OF RISK ANI	D LIABILITY WAVER		
As a legal guardian of, I her recognize that potentially severe injuries incomotion, including dance, gymnastics, and re express intent of Titan Elite to provide for the use these facilities., I hereby release Titan Elite and injuries suffered by my child while unde aforementioned person, I hereby agree to in incurred by my child as a result of any injury risk and waiver of liability, having been read and intent.	luding permanent paralysis or lated activities including tumb e safer and protection of my c te, its officers, employees, tea r the instruction, supervision, andividually provide for the pos sustained while training or pe	r death can occur in any active pling and trampoline. I under thild, and in consideration for chers and coaches from all lite or control of Titan Elite. As a saible future medical expenser forming for Titan Elite. This	ity involving height or estand that this is the allowing my child to ability for all damages a legal guardian of the es which may be acknowledgement of	
Parent or Legal Guardian Signatu	re	Date	·	

# **Titan Elite Commitment Form**

# Half Year Cheer Program **2024-2025**

By signing below, we agree to enroll our athlete in the Titan Elite Half Year Cheer Program.

This program will run from November-March.

Athletes Name:	DOB:
Parent or Guardian Name:	
Phone Number:	Email:
If you would like to avoid your card being just your account. Payments a Tuition in the mount of \$125 is du Additional Fees Include: \$225 Uniform &	create a Jackrabbit account and have a credit card on file.  g charged, you may pay by cash or check by the 10th and we will received after this date will be charged a \$25 late fee.  ue on the 1st of the month for the duration of the program.  & Bow and a \$125 Competition Fee (one time fee) Uniform: \$200 ear, if you have already purchased) and a Hair Accessory \$39
-	nderstood the financial obligations that come with enrolling my the Titan Elite program, and agree to pay all fees according to the
Parent/Guardian Signature:	Date: