



PARTICIPANT APPLICATION

Season: 2023-2024

(Please **PRINT NEATLY** in Blue or Black Ink ONLY. Unreadable applications will be rejected. Thank you).

(Circle ONE): Basketball | Cheerleading | Color Guard | Sorority | Drumline | Drum Major/Drill | Majorettes | Step

How did you hear about us? _____

ABOUT THE PARTICIPANT

Last Name: _____ First Name: _____

Preferred Pronouns (Example: She/Her/Hers, He/Him/His, They/Them/Theirs): _____

Date of Birth: _____ Current Age: _____ Prefers to be called: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Child's Cell: _____ (For us to add them to BAND)

Child's Email: _____ (For us to add them to BAND)
(If the child does not have their own email address / phone number, the **Parent/Guardian MUST** be added to BAND in their stead).

School: _____ Grade: _____

Years of Experience in: Music: ___ Majorette: ___ Step: ___ Drill/Major: ___ Cheer: ___ Basketball: ___

Is the child fully vaccinated against COVID-19? _____ (***While this is not a requirement to join any of SoulPhamm's teams, there are some competitions and events where we may be asked to show evidence of coach/participant vaccination in order for us to participate and we need to know how many of our members can meet those mandates.***)

ABOUT THE PARENT/GUARDIAN

Parent/Guardian Name: _____

Relationship to Participant: _____ Does the parent/guardian drive? _____

Parent's Email: _____

Parent Cell: _____ Alternate: _____

ABOUT DISMISSAL FROM PRACTICE

This is a blanket dismissal form for practices and in-studio events. For events outside of our studios, you will receive a permission slip along with dismissal preferences specific to that event. How should we dismiss your child(ren)?

(Circle **one**) Walk home alone | They will be picked up

Pick-Up Person #1: _____

Relationship to Participant: _____ Can he/she be an emergency contact? _____

Cell Info: _____ Alternate: _____

Pick-Up Person #2: _____

Relationship to Participant: _____ Can he/she be an emergency contact? _____

Cell Info: _____ Alternate: _____



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HEALTH CONCERNS: On a separate sheet of paper, please list any health concerns that your child may have that are important for coaches to know. Please note – for their safety, any medications must be administered to the child **before** practice or in your presence **during** practice. **If there are no health concerns we need to be aware of, check here []**.

PRINCIPAL RULES: I understand –

1. **NO ONE IS GOING TO REMIND YOU TO PAY DUES. IF YOU DON'T PAY, WE WILL DISMISS YOU. NO WARNINGS!**
2. No form of disrespect levied against anyone in this Organization will be tolerated.
3. If I miss a practice without communicating within **two** hours of practice/event, I **WILL BE CUT FROM THE TEAM!**
4. Excessive absences or lateness is grounds for dismissal. If I am picked up late from practice, I could be **CUT!**
5. I understand that all dues payments and monies raised are non-refundable. I must participate in fundraising!
6. If I quit or are cut for any reason, I understand that I may never be allowed to return to the organization.
7. Parents/guardians agree to help the organization raise visibility and funds to the best of their ability.
8. If coaches have to repeatedly address me for my attitude or behavior, they can cut me from the team!
9. I will eat **BEFORE** I come to practice. I will bring water to practice. I will come prepared to practice!!!

PARTICIPANT'S PHOTO | VIDEO | INTERNET RELEASE: By submitting a membership application to SoulPhamm Inc. (and its sponsorship or affiliated programs SoulDeevas, SoulGentz, Nu Sigma Theta) for convenience hereafter referred to as "The Organization", the applicant and/or participant for themselves and/or any personal representatives, heirs and next of kin (hereafter, "the Applicant et al") authorizes The Organization without limitation, in perpetuity, without compensation, reservation, or limitation, to allow the reproduction, dissemination, and/or publication of The Applicant's first name, nickname, image, voice, signature, facsimile, limited biological information, photograph, and/or likeness for media coverage, public relations, or any other purpose whatsoever, which may involve the use of photographs, films, and/or videotape recording and/or any other form of media, whether currently in existence or not, and understand that The Organization retains title, exclusive and unlimited rights to all internet streaming files including live and archived games, interviews, and events broadcast to the Internet. The Organization is under no obligation to exercise the rights herein granted. The Applicant understands and agrees that he/she will not receive any payment for the possible commercial use of his/her name or likeness. **If this box [] is checked, I state that I do NOT grant the Organization permission to use my child's likeness and understand that if this box is checked, it will preclude my child from participation in activities where pictures or video are part of the activity.**

PARTICIPANT RELEASE: The applicant and/or participant for themselves and/or any personal representatives, heirs and next of kin (hereafter, "the Applicant et al") releases, forever discharges, and covenants not to sue SoulPhamm Inc. (and its sponsorship or affiliated programs SoulDeevas, SoulGentz, Nu Sigma Theta), Local Organizing Entity, and if applicable owners and lessors of premises upon which the activity takes place, (the foregoing collectively, hereinafter for convenience referred to as the Organization or Releasees), together with the respective administrators, members (including all categories), volunteers, participants, sponsors and advertisers, together with the insureds, and the parent related, affiliated, subsidiary companies, and affiliated committees, as well as the officers, directors, agents, attorneys, employees, representatives, successors and assigns of each of the Releasees' entities, and any other party indemnified and held harmless by SoulPhamm Inc. (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages of the Applicant et al caused or alleged to be caused in whole or in part by the action, inaction or negligence of the Releasees or otherwise, including but not limited to negligent rescue operations, negligent security, travel and recreation operations and activities; and further agree that if despite this release and waiver of liability, assumption of risk, and indemnity policy, the Applicant et al or anyone on their behalf makes a claim against any of the Releasees, the Applicant et al will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney's fees, loss, liability, damage, or cost which may be incurred as the result of such a claim. The Applicant et al understand that: (a) athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death "Risks"; (b) these Risks and dangers may be caused by the Applicant et al own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of others; (c) there may be other risks and social and economic losses either not known to the Applicant et al not readily foreseeable at this time; and the Applicant et al accepts and assumes all risks and all responsibility for losses, costs, and damages the Applicant et al incurs as a result of participation in the activity. The Applicant et al also covenants that by rendering their signature electronically, it is still a true representation of their signature and bears the same weight as a handwritten signature.

Parent/Guardian Signature: _____ Date: _____

*Participant can sign if over 18 years of age. **Parent/Guardian MUST sign if under 18. All signatures in INK ONLY!**