



2016-2017 Competitive Cheer Packet

Tryout: May 7th 2016 at 2:30pm

Dear All Stars Unlimited Candidate and Parent,

Thank you for your interest in our competitive cheer program. We are excited to announce our new and improved program. We are anticipating a very successful season and we would love for you to be a part of it.

All Stars Competitive Cheer is designed to tap into that “competitive” sport that cheer has become, but in a much more exciting and positive environment. Our competitive teams will work very hard to learn a routine that will be taken to competitions throughout the season. ASU’s Competitive Cheer is open by tryout for anyone ages 5 through high school. All Stars is a family-oriented program and we hope you join the growing family!

Tryouts will be low-stress. Athletes will learn and perform a short dance, jumps, demonstrate standing tumbling and running tumbling, as well as be evaluated in their stunting ability and interaction with the other candidates. Athletes should come dressed in black shorts or spandex bottoms, any plain white top, and cheer shoes or tennis shoes. Tryout results will be posted on the website by 8pm May 7th.

Cheers,

All Stars Unlimited Staff and Coaches

The following documents must be completed in full and signed. These may be turned in prior to or no later than the beginning of tryouts.

- **Waiver/Release Form**
- **Medical Information Form**
- **Policy Agreement Form**
- **Cheer Experience Form**
- **Tryout fee: \$15**

Cost Information

Tryout Fee:	\$15 due May 7th
Tuition:	\$225 monthly starting June 1st <i>(Includes free open gym!)</i>
Registration:	\$50 due June 1st
Choreography Fee:	\$150 due June 1st
Competition Fee:	\$250 due June 1st <i>(Includes USASF registration and 7 competition entrance fees)</i>
Uniform:	\$225 due July 1st <i>(Includes custom uniform, custom bedazzled warm up jacket, and custom bedazzled bow)</i>
Practice Shirts:	\$25 due July 1st <i>(Includes 2 custom t-shirts)</i>

Practice and Competition Schedule

Practices start June 2nd and are every Thursday from 4:30-6:30pm and every Sunday from 3-5pm

Date	Location
October 15, 2016	San Antonio
November 5, 2016	San Antonio
December 4, 2016	Cedar Park
January 21 or 22, 2017	San Antonio
February 26, 2017	San Marcos
March 19, 2017 (Nationals)	Arlington
April 1, 2017	Austin

All Stars Waiver/Release Form

In consideration of participating in any activity at All Stars Unlimited II, I represent that my child is in proper physical condition to participate. I acknowledge that if I feel that any conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and possibly death, of which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the event takes place, or the negligence of the “releasees” named below. There may also be other risks either not known to me or readily foreseeable at this time and I accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of participating in these activities.

I hereby release, discharge, and covenant not to sue All Stars Unlimited II, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the relasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as a result of such claim.

I have read the WAIVER/RELEASE, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

We, at All Stars Unlimited, recognize that there is a risk of injury when participating in the sports of gymnastics, dance, and cheerleading. While we do our very best to insure that these things do not happen, there is always a risk. We always take safety precautions as well as teach (and remind) the children of what those safety rules are. Parents are asked to remind their children of the risk of injury, and therefore, the importance of following the rules in class at all times.

With the above in mind, I fully understand the policies set in place at All Stars Unlimited, and release all rights and claims to the greatest extent allowed by the law for damages that my child may have against All Stars Unlimited.

Name of Child: _____

Parent/Guardian Signature: _____ Date: _____

All Stars Medical & Privacy Information

First and Last Name of Child: _____

First and Last Name of Parent or Guardian: _____

Address: _____

Child's Date of Birth: (MM/DD/YEAR) _____ Age: _____

Phone Number: Home _____ Work _____

Mobile _____

Parent Email Address _____

Emergency Contact: _____

Relationship to Child: _____

Emergency Contact Phone: _____

Doctor and Contact Phone Number: _____

Please list all of your child's allergies or medical conditions: _____

Permission to Video/Audio Record or Photograph: All Stars Unlimited may invite the news media to publicize athletes, gym accomplishments and events. In addition, representatives of All Stars Unlimited may photograph, videotape, or audiotape athletes in our programs for purposes other than those stated directly in this release. This is most often done to highlight the achievements of our athletes and to provide general information about our programs. The photos or videos may appear in publications or on our website and social media outlets.

Parent/Guardian signature of this document indicates permission to photograph or videotape your athlete and for these images to be used as indicated by All Stars Unlimited.

I hereby give my consent to All Stars Unlimited to provide, through medical services of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.

Parent or Guardian Signature: _____ Date: _____

I hereby verify that I have correctly filled out all of the information and agree to the terms and conditions listed in the All Stars Unlimited Parent Handbook. All information is correct and complete to the best of my knowledge.

Parent or Guardian Signature: _____ Date: _____

All Stars Policy Agreement

Parents and Athletes: These rules are crucial to keeping our program running successfully. It is your responsibility to follow these rules. Please carefully read and initial every rule. Failure to abide by these rules will result in appropriate punishment which may include dismissal from the program.

1. ASU season starts in June 2016 and ends in April 2017. Athletes are expected to be fully committed to ALL scheduled events including but not limited to practices (including extra scheduled), competitions, team building, and community service.
Athlete Initials _____ Parent Initials _____
2. All competitions are mandatory even in the event that a competition company changes the date, time, or location.
Athlete Initials _____ Parent Initials _____
3. There will be a maximum of 3 tardies and 3 absences allowed per season. Coaches must be notified in advance by filling out an absent request form two weeks prior to the intended absence and must be approved by the coaches. Any unexpected absences must be reported immediately to the coaches and a doctor's note will be required the following practice.
Athlete Initials _____ Parent Initials _____
4. Athletes will fully participate in practice unless a doctor's note is presented to coaches prior to the start of practice. In the event of an injury, athletes are still expected to attend practice and be dressed out so they don't miss changes or advancements to the routine.
Athlete Initials _____ Parent Initials _____
5. Athletes are required to come to practice fully dressed out in assigned practice clothes, hair up, cheer shoes, and no jewelry by the time practice starts. Failure to do so will result in extra conditioning at the end of practice.
Athlete Initials _____ Parent Initials _____
6. Parents and athletes are expected to be respectful towards other athletes, coaches, and parents. Gossip and bullying will not be tolerated in this program.
Athlete Initials _____ Parent Initials _____
7. I understand that the coaches work for the best interest of the team and athletes and therefore have the right to cancel a competition if the team isn't ready in their opinion, lower the team's level, change formations, and change athlete's stunting positions for the best of the team.
Athlete Initials _____ Parent Initials _____

8. Athletes are a direct representation of ASU. Athletes are expected to carry themselves in respectable manner at all times including online communication and on social media. Inappropriate content on social media will not be tolerated and may result in discipline.
Athletes Initials _____ Parent Initials _____
9. Athletes are expected to be completely prepared for competitions. Athletes should be in full uniform, hair done with bow in, make up done, and arrive no later than assigned time.
Athletes Initials _____ Parent Initials _____
10. Athlete's phones should be completely put away at all times during practice including water breaks.
Athletes Initials _____ Parent Initials _____

I have read and understand all the rules of the policy agreement, and I know that I am responsible for following them for the term of the season.

Athlete Signature _____ Date _____

Parent Signature _____ Date _____

Cheer Experience Form

Name: _____

Have you cheered before? If so how many years and what level were you on? _____

Why do you think you would be a good asset to one of ASU's teams? _____

What running tumbling can you do without a spot? List all. _____

What standing tumbling can you do without a spot? List all. _____

What stunt position do you prefer to be? Base, Back spot, or flyer? _____
