

## WELCOME TO THE STINGRAY ALLSTARS!

### Allstar Prep (Half Year Program):

Congratulations on choosing to become a part of the biggest and most successful Allstar gym in the country! We are delighted to have you here. Below you will find the Allstar Prep Check List, a list of paperwork we will need back from you completed, and the Allstar Prep Calendar. Please take a moment to read through this entire packet.

Cost of Allstar Prep is \$165.00 per month November through March. November payment will be due when you turn in your completed packet. There will be a fee of \$30.00 for your USASF registration due before the first competition, you will be advised of this due date as soon as possible. You will also be responsible for purchasing a team t-shirt and competition bow, last year's package was \$30.00, this transaction will go through our pro shop, Full Out Sports. This will be due in the New Year.

### Allstar Prep Check List:

- Attend ONE assessment session on Friday, November 6<sup>th</sup> 6:00-8:00 or Friday, November 13<sup>th</sup> 6:00-8:00.
- Attend mandatory parent meeting 6:00-7:00 on the night of your assessment.
- Have your cheerleader wear shorts, t-shirt, light weight tennis shoes, hair pulled out of the face and no jewelry.

### Bring the following completed items with you when you turn in your paperwork and schedule your assessment date:

- Member Information Form
- Waiver
- Allstar Prep Assessment form, including a 4x6 picture attached to this form. *Please follow instructions on form.*
- Financial Commitment/Credit Card Form
- Team Rep Form
- Copy of your child's birth certificate (athlete will not be placed on a team without this).
- A check for \$165.00 for your November payment. Check made payable to Stingray Brands.

### Allstar Prep Calendar:

November 16<sup>th</sup> Teams posted on [www.stingrayallstars.com](http://www.stingrayallstars.com) by 7:00 p.m.

November 18<sup>th</sup> or 19<sup>th</sup> Practices begin.

November 24<sup>th</sup>-28<sup>th</sup> Gym closed for Thanksgiving.

December 7<sup>th</sup>-11<sup>th</sup> Mandatory Coach/Parent Meeting (specific times TBA).

December 21<sup>st</sup>-January 3<sup>rd</sup> Gym closed for Christmas break.

January 4<sup>th</sup> Practices resume.

February 28<sup>th</sup> Allstar Prep Showcase (full dress rehearsal). Mandatory for all athletes. All family and friends invited!

March 5<sup>th</sup> Competition

March 19<sup>th</sup> Competition

Stingray Sport Center  
4680 Morton Road  
Johns Creek, Ga. 30022  
770-552-0700

Stingray Cheer Company  
1431 Cobb Pkwy N  
Marietta, Ga. 30062  
678-581-9218

Stingray Brands  
199 Hickory Lane  
Cartersville, Ga. 30120  
770-607-0750

## Member Information Form

### Mother's Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

### Father's Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

### Phone Number

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

### Billing Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

### Student Information

First: \_\_\_\_\_ Last: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

### Insurance Information

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Carrier's Phone: \_\_\_\_\_ Group #: \_\_\_\_\_

**Waiver**



**Stingray Cheer Company, Inc., Stingray Sport Center, LLC and Stingray Brands  
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Stingray Cheer Company, Inc., Stingray Sport Center, LLC, and Stingray Brands, its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SA"), I hereby agree to release, discharge, and hold harmless SA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of SA pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks: Cheerleading, TNT, and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading, TNT, and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.
2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with SA-related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify SA from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in SA-related activities.
4. Should SA be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.
6. In the event that I file a lawsuit against SA, I agree to do so solely in the State of Georgia and I further agree that the substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.
7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against SA on the basis of any claim from which I have released SA by signing this Agreement.

**I have had sufficient opportunity to read this entire document. I have read it and understand it.**

I agree to be bound by its terms.

Signature of Participant or parent: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by SA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold SA from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Allstar Prep  
Assessment  
Form**



Assessment Day:

\_\_\_/\_\_\_/\_\_\_

Cheerleader's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

THE STAFF WILL USE THIS NUMBER TO CONTACT YOU WITH ANY QUESTIONS.

Athlete's Experience: \_\_\_\_\_

\_\_\_\_\_

**STAFF USE ONLY BELOW THIS LINE.**

Motions: \_\_\_\_\_

\_\_\_\_\_

Jumps: \_\_\_\_\_

\_\_\_\_\_

Tumbling: \_\_\_\_\_

\_\_\_\_\_

Flying Experience:      Yes              No

Flexibility: \_\_\_\_\_

\_\_\_\_\_

LEVEL 1      LEVEL 2      LEVEL 3

Additional Comments:

**VERY  
IMPORTANT:  
PLEASE TAKE A  
4X6 PHOTO OF  
YOUR CHILD IN  
FRONT OF A  
CLOSED DOOR AT  
A DISTANCE OF  
ABOUT 5 FEET.  
ATTACH PHOTO  
HERE.**



**Financial Commitment**

I understand that my commitment is for the 2015-2016 Allstar Prep competitive season. I understand that I am giving my credit card/debit card information and that information will be used if I do not meet payment deadlines to Stingray Cheer Co. /Stingray Sport Center/ Stingray Brands. I understand that I will forfeit any monies paid if I choose to leave a team or am asked to leave the program. I understand that I am entering into this program of my own free will.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC code on back of card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_

Card Holder Cell Phone Number: \_\_\_\_\_

Card Holder Email Address: \_\_\_\_\_

EVERYONE is required to submit credit card/debit card information and to be on auto-pay.

*It is your responsibility to inform the office of any changes to this card.*

Monthly fees are billed to your Stingray account on the 1<sup>st</sup> of every month. Payment is expected on or before the 7<sup>th</sup>. This credit card will be charged for any outstanding balance on the 8<sup>th</sup>.

By signing this page you understand that you are committing to paying \$165.00 per month November through March, your USASF fee and t-shirt/bow package.



**Team Rep  
Form**

Cheerleader Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ 2015-2016 Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Cheerleader Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Mom Name \_\_\_\_\_ Cell \_\_\_\_\_

Mom E-Mail \_\_\_\_\_

Dad Name \_\_\_\_\_ Cell \_\_\_\_\_

Dad E-Mail \_\_\_\_\_

**Email is our most frequent form of communication.  
Please keep your team mom updated on any changes.  
Please (\*) cell numbers that wish to receive team texts.  
This is important during competitions.**

Please circle athlete's sizes:

|         |    |    |    |     |    |    |    |     |
|---------|----|----|----|-----|----|----|----|-----|
| T-shirt | YS | YM | YL | YXL | AS | AM | AL | AXL |
| Shorts  | YS | YM | YL | YXL | AS | AM | AL | AXL |
| Jacket  | YS | YM | YL | YXL | AS | AM | AL | AXL |
| Hoodie  | YS | YM | YL | YXL | AS | AM | AL | AXL |