

MARYLAND ALLSTARS

2018-2019 TRY-OUT INFORMATION

At Maryland Allstar Athletics, LLC ("Maryland Allstars"), we want try-outs to be fun and for all athletes to be at ease. Attending try-outs means that you understand the level of commitment allstar cheerleading requires. If you are present, we assume that you are prepared to be a member.

Our goal is to place everyone on a team that is the proper age and level. Cheerleaders will be evaluated according to the USASF guidelines. Athletes should attend both the clinic and try-out day for their age group and level. Please base age as of August 31, 2018.

We assemble teams where the skill levels of each member are consistent with that of their squad. Tumbling skills performed independently with a high level of perfection are major contributors during team evaluations. In addition, factors such as stunt position and ability, jump technique, motion/dance comprehension, showmanship, strength, and flexibility will be considered.

PROCEDURE

1. Thoroughly read the 2018-2019 Financial and Information Packets in the "Forms" section of the website- www.mdallstars.com.
2. Register on-line through the "Homepage" of the website- www.mdallstars.com.
3. Complete the forms in this packet and attach a non-returnable head shot to the "Athlete Information Form."
4. Please wear athletic attire in Maryland Allstars colors- royal blue, black, and yellow to the clinic and try-out. Hair should be pulled back and jewelry should be removed. Please wear athletic sneakers.
5. What to **Complete & BRING WITH YOU THE DAY OF THE CLINIC:**
 - a. Athlete Registration Form
 - b. Try-out Form (with photo attached)
 - c. Agreements/Policies form: Athlete & Parent MUST initial each section AND sign the bottom
 1. Code of Conduct
 2. Technique Policy
 3. Stay to Play Policy
 4. Information Packet Acknowledgement
 5. Financial Commitment and Packet Acknowledgement
 - d. 2018-2019 Agreement and Assumption of Risk Form

Please note that these items will not be returned to you and will be considered property of the Maryland Allstar Athletics, LLC.

NOTE: The above items are due no later than the tryout clinic. If all items are not received or are received but incomplete, you will incur a \$10 fee.

Please contact (410)552-5499 or email Sandy@mdallstars.com with any questions or concerns!

MARYLAND ALLSTARS

2018-2019 ATHLETE INFORMATION FORM

ATTACH PHOTO TO THE BACK OF THIS PAGE!!!!

TRYOUT NUMBER: _____

Athlete FULL Name: _____ Preferred 1st Name: _____

DOB: _____ AGE as of 8/31/2018: _____ GRADE as of 9/2018: _____ Height: _____ Weight: _____

I have cheered before? YES NO If YES, where: _____ What Level: _____

I have experience as a: Base Flyer Backspot None

I currently have the following tumbling skills independently (circle all that apply):

cartwheel roundoff front walkover back walkover back handspring back tuck

punch front layout whip full double full standing full

I am currently working on the following tumbling skills:

cartwheel roundoff front walkover back walkover back handspring back tuck

punch front layout whip full double full standing full

What level are you trying out for: 1 2 3 4 5

What position are you trying out for: Base Backspot Flyer Any Position

I am willing to accept any position based on the needs of the team: YES NO

I am interested in crossing over to additional teams if needed: YES NO

(Note additional fees will apply- see information packet for details)

Have you ever had a head injury or concussion? YES NO

Do you have any food or medication allergies? List: _____ YES NO

Are you currently taking any medications, including inhalants? If yes, what? YES NO

Do you cough, wheeze, or have trouble breathing during or after activity? YES NO

Do you have an ongoing or chronic illness? YES NO

Are you currently diagnosed with any condition(s) that would affect your sport? YES NO

Explain "Yes" answers here: _____

T-Shirt/tank top/ spandex sizes: (Please circle size for each)- NOTE: If you do not clearly select a size or select more than one size, the larger size will be ordered. Maryland Allstar Athletics, LLC is NOT responsible for items that do not fit upon arrival.

T-shirt: Youth: XS S M L XL Adult: XS S M L XL

Spandex Top/Bra Youth: XS S M L XL Adult: XS S M L XL

Spandex shorts: Youth: XS S M L XL Adult: XS S M L XL

MARYLAND ALLSTARS

AGREEMENTS/POLICIES, INFORMATION AND FINANCIAL PACKET ACKNOWLEDGMENT

Athlete's Code of Conduct

- Athlete's Agreement _____

As an athlete of the Maryland Allstar Athletics, LLC, I ["Athlete"] _____ am expected to follow the rules of the program and remain in good standing with my fellow teammates and coaches. I agree to abide by all behavior expectations as stated in the 2017-2018 Information Packet.

- Parent's Agreement _____

As a parent of the Maryland Allstar Athletics, LLC cheerleading program, I am expected to follow and enforce the rules of the program and gym with my athlete. I am to remain in good standing with the coaches and owners of the program. I agree to abide by all behavior expectations as stated in the 2018-2019 Information Packet.

Technique Policy (both Athlete & Parent to initial) _____

Tumbling technique needs to be a top priority for every single athlete, parent and coach. Tumbling technique is an important part in competition scoring. Our philosophy is skill perfection before progressing to the next level. Proper technique will help minimize the chance of an athlete sustaining an injury. It may be necessary to return to correct elementary skills, such as round off, walk overs, etc. before skill progression can occur. Consistency of training is an important part to allstar cheerleading. Therefore, Maryland Allstar Athletics, LLC does not permit athletes to attain outside training during the cheer season - this includes but is not limited to classes, private lessons, open gyms, camps, etc.

Stay to Play Policy (Parent to initial) _____

Many competitions are implementing a Stay To Play Rule. This rule requires **ALL** cheerleaders, coaches and families to make **ALL** room reservations through the event producer at specified hotels. You will be advised in advance if an event is a Stay To Play event. Teams and/or individuals that don't abide by this policy will be ineligible to participate.

Information Packet Acknowledgement (both Athlete & Parent to initial) _____

I have received and read the Maryland Allstar Athletics, LLC 2018-2019 Information Packet.

Financial Commitment Acknowledgement (Parent to initial) _____

I have reviewed the Maryland Allstar Athletic, LLC, Financial Packet 2018-2019 and agree to the fees and terms outlined in the packet. I understand that I will provide a credit card to be held on file (encrypted) and this information must be kept up to date throughout the season. I understand I will be charged a late fee of \$25 for any payment that is not received by the due date outlined in the financial packet. I understand a \$35 fee will be incurred for any returned check. I understand that if I do not make my payments on time, or if I incur any late fees or returned check fees, Maryland Allstar Athletics, LLC will automatically charge the credit card on file. I understand that ALL payments made to Maryland Allstar Athletics, LLC are NON-REFUNDABLE and are fully earned upon receipt. I understand that I will forfeit any payments made to Maryland Allstar Athletics, LLC if the Athlete is removed from a team for any reason or if the Athlete chooses to quit a team for any reason. In addition, I will also incur a quitter's fee of \$250 if the Athlete chooses to leave a team or is removed from a team or the program for any reason after choreography. I understand that my credit card on file will be automatically charged for any Pro Shop purchase and/or any classes and open gyms participated in if payment is provided at the time of purchase or service.

I fully understand this Agreement is a contract between myself, my family, and the Maryland Allstar Athletics, LLC cheerleading program. Your signatures below indicate your acknowledgement of and agreement to these policies.

Athlete's Signature & Date _____

Athlete's Printed Name _____

Parent's Signature & Date _____

Parent's Printed Name _____

MARYLAND ALLSTAR ATHLETICS, LLC
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Maryland Allstar Athletics, LLC, its owners, members, agents, officers, employees, affiliates, assigns and all other persons or entities acting in any capacity on their behalf (collectively referred to as "Maryland Allstars"), I hereby agree to release, discharge, hold harmless and not to sue Maryland Allstars on behalf of myself, my minor children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activities that I or [CHILD'S NAME] _____ (hereinafter referred to as the "Minor") engage in while on the premises or under the auspices of Maryland Allstars pose known and unknown risks which could result in injury, paralysis, death, permanent disability, emotional distress, or damage to the Minor, to me, to property, or to third parties. The following describes some, but not all, of the risks associated with the Maryland Allstars activities ("Maryland Allstars Program"): Cheerleading and gymnastics, including but not limited to, performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated even when following appropriate procedures. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks, such as falls, sprains or broken bones, including wrists and ankles, and more serious injuries, including but not limited to, paralysis and death. Traveling to and from shows, competitions and exhibitions also create additional possibilities of injury and death due to transportation accidents. In any event, if you and/or the Minor are injured, medical assistance and care may be required and all such costs shall be your sole responsibility.
2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with the Maryland Allstars Program and related activities, regardless of the age of the Minor and/or whether or not the Minor is presumed to be able to assume those risks, including but not limited to, performance of stunts, tumbling and use of trampolines. My participation and/or that of the Minor is purely voluntary. No one has forced or coerced the Minor and/or me to participate and I elect for the Minor and/or myself to participate in such activities in spite of the risks. I am not relying upon any oral or written representations or statements made by Maryland Allstars with respect to the safety of the Minor's or my participation in the Maryland Allstars Program and I acknowledge that Maryland Allstars has not made any representations as to the safety of the Maryland Allstars Program.
3. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify Maryland Allstars, from any and all liability, claims, demands, losses, damages, actions or rights of action (collectively "Claims"), which are related to, arise out of, or are in any way connected with the Minor's and/or my participation in the Maryland Allstars Program and related activities, regardless of any alleged or actual negligence of Maryland Allstars.
4. This Agreement shall be governed, enforced, performed and construed in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law. If any dispute or controversy arises among the parties to this Agreement concerning any provision of this Agreement or the relationship between the parties, I hereby agree to the exclusive jurisdiction of the courts located in Carroll County, Maryland (or if jurisdiction exists, in the United States District Court for the District of Maryland, Northern Division). I HEREBY AGREE TO AND DO WAIVE A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM BROUGHT BY EITHER OF THE PARTIES HERETO AGAINST THE OTHER ARISING OUT OF THIS AGREEMENT AND THE RELATIONSHIP BETWEEN THE PARTIES. I further expressly agree that this Agreement and its release is intended to be as broad and inclusive as is permitted by the law of the State of Maryland and that each provision of this Agreement shall be considered separable and if for any reason any portion of this Agreement is found illegal, invalid, void or unenforceable, the remaining portions shall remain in full force and effect. Each party has had the opportunity to review and revise this Agreement and the normal rule of construction and enforcement being construed against the drafting party shall not apply.
5. By signing this Agreement, I acknowledge that if anyone, including myself or the Minor is injured, killed or any property is damaged during my participation or the participation of the Minor in any activity associated with Maryland Allstars Program, I and/or the Minor may be found by court of law to have waived the right to maintain a lawsuit against Maryland Allstars on the basis of any claim from which I have released Maryland Allstars, either personally and/or as the parent, natural guardian and/or legal guardian of the Minor by signing this Agreement.
6. I hereby grant to Maryland Allstars and its affiliates, without providing me and/or the Minor with any further consideration, and hereby assign to Maryland Allstars the unrestricted right, title, interest and permission to copyright and re-use, modify, publish, and republish photographic portraits and pictures of the Minor and/or myself, including the name, face, likeness, voice and appearance of myself and/or the Minor, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, art, promotion, or advertising.
7. In case of an emergency, I grant Maryland Allstars permission and authority, at my sole expense, in the event I cannot be reached or I am unable to consent, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport the Minor and/or myself to the hospital and if necessary, I authorize Maryland Allstars to seek all suggested medical treatment on behalf of myself and/or the Minor. I further acknowledge that I will be responsible for any medical and related costs which may be incurred on behalf of myself and/or the Minor. I acknowledge and warrant that the Minor and/or myself are physically, mentally and emotionally fit to participate in the Maryland Allstars Program and that there are no disabilities, impairments or ailments that would present a health risk as a result of such participation. If the Minor and/or I am taking medication or under the care of a physician, I affirm that the Minor and/or I have received medical approval to participate in the Maryland Allstars Program while under the influence of medication and/or under the care of a physician. I agree that in the event I and/or the Minor, now, or in the future, have any injuries, physical limitations or any doubt as to my physical condition and whether or not I am able to safely participate in the Maryland Allstars Program, I will consult a personal physician prior to engaging in and/or continuing with the Maryland Allstars Program.
8. All monies paid to Maryland Allstars in any capacity are NON-REFUNDABLE, NON-TRANSFERABLE, and UNASSIGNABLE regardless of reason. I agree that I will pay any and all attorneys' fees, expert witness fees, collection agency fees and all costs incurred by Maryland Allstars arising out of, or in any way related to, this Agreement and the relationship between the parties, including, but not limited to, any Claims, actions to interpret or enforce this Agreement or any attempt by Maryland Allstars to collect monies not paid as set forth in the 2016-2017 Financial Information Packet. I understand that late fees and/or penalties may be applied to all past due payments and/or returned checks.

9. I acknowledge that Maryland Allstars, has the right to either suspend or dismiss me and/or the Minor or other participant for any offence conducted by me and/or the Minor or a family member, which Maryland Allstars deems, in its sole and absolute discretion, detrimental to the Maryland Allstars organization and/or its other athletes and participants. Such offenses, include but are not limited to, the failure to follow the expected behaviors and requirements as set forth in the 2016-2017 Information Packet and the 2016-2017 Financial Packet.

10. I give permission and grant to Maryland Allstars all right, title and interest for my child's photograph to be used for the promotional and advertising purposes of Maryland Allstars.

11. I agree NOT to use Maryland Allstars logo to create, sell or distribute any items pertaining to Maryland Allstars without expressed written consent by the the Owners.

I have had sufficient opportunity to read this entire Agreement. I have been given the opportunity to consult an attorney to fully understand the terms of this Agreement, including my waiver of liability on behalf of myself and/or the Minor. By signing below I agree, I HAVE FULLY READ AND UNDERSTAND THE CONTENTS OF THE ABOVE AGREEMENT, INCLUDING THE WAIVER AND RELEASE. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I AM SIGNING IT VOLUNTARILY IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY AND ALL ACTIVIES OFFERED BY MARYLAND ALLSTAR ATHLETICS, LLC.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

In consideration of _____ (print minor's name) ("Minor") being permitted by Maryland Allstars to participate in the Maryland Allstars Program and its activities and to use its equipment and facilities, I further agree to indemnify and hold Maryland Allstars harmless 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 Signature: _____ Print Name: _____ Date: _____