

2018-19 Louisiana Rebel All-Star Dream Team Information Packet

Thank you for your interest in The Louisiana Rebel All-Star Program! We are excited about the start of the eleventh season of “The Rebel Dream Team”. What a joy they have been to watch over the past seasons and what a blessing this team has been to so many folks in and out of The Rebel Gym! In this packet you will find important information about the new season and participation in this program. Please read carefully and contact Donna Edwards for any further questions that you may have! Thank you for your interest in The Rebel Family and we are looking forward to a fun year! DUE TO INCREASED INTEREST, WE WILL LIMIT SPOTS TO DREAM TEAM AT 25 MEMBERS. Athletes from 2017-18 will be able to register starting July 30th and “Open Registration” will begin August 6th (for New Members).

KEY Dates in RED!

- **Registration;** A \$25 registration fee will be due along with this packet by **Friday, August 17th**. This registers your athlete for the clinic/camp on **August 26th**. (Forms and Fees are required to attend Uniform fitting or Start-up clinic).
- **Performance Uniform:** NEW this year!!! Scheduled to fit and order on Saturday, **August 18th** (Appt Times TBA). Full balance is due to place order of uniform. All uniform purchases are non-refundable. Cash only Cost is @ \$250.
- **Start-up Clinic/Camp** will be held Sunday, August 26th from 2pm to 3pm at LCN (Louisiana CheerNastics).
- **Mandatory Parent Meeting** for further information will be held on **August 26th** at 3:00pm following the clinic at LCN. IMPORTANT information will be discussed at this parent meeting.
- **Tuition is \$20/month** - Totaling \$120 for a Six Month Season (September through February). This will be due in full by **October 14th**. This money will be applied to expenses associated with this team (music, parties, materials, etc.) and any balance remaining will be given to a Non-Profit Charity or Ministry (determined by the Dream Team coaching staff and LCN Directors).
- **Practice Shirt:** Cost for this year’s practice shirt is included in the Registration Fee. Be sure to put your athletes t-shirt size on the next page.
- **Practice Schedule:** This team will practice on Sundays from 2 to 3pm. and practices will start on Sunday, August 26th (Start-up clinic).
- All fees paid to Louisiana CheerNastics or Louisiana Rebel All-stars are only refundable at the all-star director’s discretion. Any donations made to or for The Dream Team or its individual members must be used toward The Dream Team Activity and will not be refunded to an individual at any time.

Anything worth our time is worth our best efforts! Due to the TEAM nature of this activity we have put together some guidelines to try to protect the time and financial investments of its members, parents and coaches/volunteers. Please read carefully the “Commitment Agreement” page of this packet.

For further questions contact The Dream Team Head Coach; Donna Edwards at 318-218-6026

(Keep this sheet only. All pages following this one are due upon registration.)

T-Shirt Size _____ (Y-Small through A. X-Large)

Louisiana Rebel Dream Team

Commitment Agreement

I, (print) _____ am the legal guardian of (print) _____ and I am aware of the physical requirements and hazards involved in the activity of special needs cheerleading. By allowing my child's participation in this activity I am in agreement that she/he is physically able to participate in this activity and if at any time I feel it is not safe for my child I will withdraw my child from the Louisiana Rebel All-Star Dream Team Program. I will also thoroughly inform in writing (please attach to this packet for registration) the Staff and Coaches of the All-Star Program of any and all medical conditions that my daughter/son possesses now or may possess in the future.

I am responsible for any and all fees related to my child's participation in The Louisiana Rebel All-Star Program. I understand that the refund of any and all fees paid is at the discretion of The Louisiana Rebel All-Star Director/s. (Note: There are no refunds on uniform purchases.) I understand the "team nature" of this activity and the importance of good practices if The Rebel Dream Team is to function in the best way possible. I know that the attendance of each team member is very important. Because of this understanding I am aware that all practices are mandatory and that my all-star is allotted a maximum of "one" un-excused miss throughout the season without resulting in a pulled performance. I am also aware that all doctor excused absences are excused and will inform the head coach prior to the absence and present a doctors excuse upon my child's return to the next scheduled practice. I am also aware that if my child's practice day falls over a national holiday the normal scheduled practice will be cancelled (Ex. Christmas Holidays, New Years, Thanksgiving, Etc.) and understand that tuition fees remain the same for these months.

I understand that my child's attendance to all scheduled performances and competitions are mandatory unless excused prior to the absence by the all-star director. I also understand that the Director/s of Louisiana Rebel All-Stars make a point to inform all participants and parents at least one month prior to any and all performances for scheduling preparation purposes.

I am aware that Louisiana Rebel All-Stars and its directors strive to maintain a pleasant and Christian atmosphere and I and my child will honor this code of conduct in our attitudes and actions for the duration of our participation in The Louisiana Rebel All-Star Program. I understand that in the event I have any comments, concerns or criticisms I will contact the All-Star Director/s and voice them in a private manner. I too understand that failure to comply with Louisiana Rebel All-Stars code of conduct (attitude, actions, etc.) can affect my child's participation in the Louisiana Rebel All-Star Program.

I understand that by my or my child's failure to abide by the guidelines set forth in this agreement and the rules stated by The Louisiana Rebel All-Star Directors/s can affect my child's participation in The Louisiana Rebel All-Star Program.

Parent Signature

Date Best

Contact #

Athletes Name (Print)

Birthday

Best Email Address to receive information

Medical & Photo/Video Release Form

Student Name: _____ DOB: _____

In case of Emergency, call:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Physical Handicaps:

(specify body parts, weaknesses, weight problems, physical impairments, etc.)

Chronic Ailments:

_____ Asthma

_____ Circulatory or Heart Problems _____ Diabetes

_____ Epilepsy _____ Hemophilia/other bleeding problems _____ Other (Specify)

Psychological Handicaps: (fears, anxieties, etc.)

Allergies:

_____ Penicillin _____ Insect Bites

_____ Other (specify) _____

Accident/Health Insurance Information:

(Please attach a copy of insurance card)

Company: _____ Policy#: _____ Preferred

Physician: _____ Phone: _____

Emergency Agreement:

In case of emergency, I hereby give permission to the physician selected by my child's cheerleading coach/instructor to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above (should I the parent not be available).

Parent/Guardian's Signature: _____ Date: _____

Photo/Video Release:

I hereby give permission for images of my child captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Louisiana CheerNastics promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

Louisiana CheerNastics

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("AGREEMENT")

In consideration of participating in programs at Louisiana CheerNastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event 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 death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant no to sue Louisiana CheerNastics, 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, (each considered one of the "RELEASEES" herein) 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand I have given up substantial rights by signing it and have signed it freely and with out 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.

Printed Name of participant

Date

Signature of participant

PARENTAL CONSENT

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Date

Signature of Parent/or Legal Guardian