

Financial Commitment / Auto Pay

Everyone is required to submit a credit card for Auto Pay on monthly tuition which will charge on the 1st of the month. THERE IS NO ACTIVATION FEE OF ANY KIND. Please fill out the following on bottom of this page. If you choose NOT to have a credit card on file you MUST pay 2 months in advance so you have a cushion if you do not pay a month. Also, if you do not have a credit card on file your gym fee will be \$15.00 more a month.

PLEASE CONTACT THE FRONT DESK IN THE EVENT OF A CREDIT CARD OR DEBIT CARD CHANGE!
Email spiritfactory1994@gmail.com or call Jill 732-349-8575. There is a 4% charge to all credit cards that are ran. If your credit card is declined there will be a \$35.00 decline fee.

Monthly Tuition + 4% service charge

\$100 Novice/ Non-Travel Team - \$110 Limited Travel Teams

\$135 Tiny-Senior - \$150 Senior 6 (Ice)

I have fully ready the Tuition/Fee Information and fully understand my commitment to the Spirit Factory All Stars outlined in this packet. I understand that my commitment is for the 2019-2020 season. I am fully aware that I am giving my credit card/debit card information and that information will be used in Autopay.

Card Holder's Signature: _____ Date: _____

Cheerleader(s) Name: _____

Total Tuition Cost Per Month: _____

E-mail of Card Holder: _____ cell # of cardholder: _____ - _____ - _____

Name as it appears on the card: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Type of Card: _____ Credit Card Number: _____

Expiration Date: _____ CVC Code on Back of Card: _____

CARD HOLDER'S SIGNATURE: _____ DATE: ____/____/____

Member Information

Athlete Information

Name: _____

Birthday: _____ / _____ / _____ Age as of August 31st 2019: _____

Insurance Carrier: _____ Policy #: _____

Medical Conditions: _____

Mother's Name

First: _____ Last: _____

Cell: _____ E-mail _____

Would you like to be considered for the position of team mom? YES NO

Father's Name

First: _____ Last: _____

Cell: _____ E-mail _____

Emergency Contact Info

Name: _____ Relation to Athlete: _____

Cell: _____

Medical Waiver

Needs to be handed in the first day of evaluations

Athlete's name: _____

Date of Birth: ____/____/____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Insurance Carrier: _____ Policy No.: _____

Any medications allergic: _____

Emergency Contact: _____ Phone: (____) _____ - _____

I, the undersigned Parent/Guardian do hereby give consent for my son/daughter to participate in the training and activities provided by the Spirit Factory program. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury, and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic, camp, out of town activities or events). I do hereby grant my permission to the Spirit Factory program to seek immediate treatment for my child should he/she be injured. I hereby release to the Spirit Factory program, including its coaches and employees from any liability to the above named participant or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under New Jersey law.

_____ I give permission for Acetaminophen (Tylenol) and/or Ibuprofen (Motrin, Advil) to be given to my child according to label instructions for minor aches, pains etc. if requested.

_____ Parent/ Guardian Signature

_____ Athlete

Tryout Form

Name: _____

Age (as of August 31st 2019): _____

Birthdate: ___/___/___ M/F: _____ Grade: _____

Teams previously cheered on: _____

We offer Non Travel All Star Prep Teams and Travel All Star Teams

Non Travel _____ Limited Travel _____ Travel _____

Would your child like to be a cross-over? _____ Yes _____ No

If your child is placed on a World's Team will he/she be willing to cross to a non-worlds team and compete both at The Summit and Worlds? _____ Yes _____ No

Do not write below, Coaches only

Standing Tumble

Level 1

___ BWO

___ FWO

Level 2

___ BHS

___ BWO BHS

Level 3

___ Jump to 3 BHS

Level 4

___ Standing Tuck

___ Jump BHS Tuck

___ BHS BHS Layout

___ Whip through

Level 5

___ Jumps to Tuck

___ Standing Full

___ Series to Full

___ Series to Double

___ Whip to Full

___ Whip to Double

Running Tumble

Level 1

___ Round Off/ Cartwheel

Level 2

___ BHS

___ FWO ROBHS

Level 3

___ ROBHS Tuck

___ FWO ROBHS Tuck

___ Punch Front ROBHS Tuck

Level 4

___ ROBHS Layout

___ ROBHS Whip Through

___ Punch Front Through

Level 5

___ ROBHS Full

___ FWO ROBHS Full

___ Whip Through Full

___ Punch Front Though Full

___ Double

___ Specialty to

Double: _____

Stunts / Jumps

3 Jump Combo

Novice Average Advanced

Stunting Position

Base Flyer Backspot

Stunting Skills