

# Financial Commitment / Auto Pay

Everyone is required to submit credit card or debit card information for Autopay on monthly tuition which will be charged on the 1<sup>st</sup> of every month. There will be no activation fee of any kind. Please fill out the following information at the bottom of this page. 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 3.5% charge to all credit cards that are ran. If your credit card is declined there will be a \$35.00 decline fee.

## Monthly Tuition

**Tiny / Non-Travel: \$75 June-August, \$100 September-May**

**Tiny: \$115 Mini-Senior: \$135 Senior 5 (Ice): \$150**

**Fundamental Show Team: \$65**

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 2018-2019 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 2018: \_\_\_\_\_

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: \_\_\_\_\_

## Please Circle Athlete's Sizes:

These will be the sizes used if your child wins competition shirts, jackets, etc.

<b>SHORTS</b>	YS	YM	YL	AS	AM	AL	AXL
<b>T-SHIRT</b>	YS	YM	YL	AS	AM	AL	AXL
<b>JACKET</b>	YS	YM	YL	AS	AM	AL	AXL
<b>HOODIE</b>	YS	YM	YL	AS	AM	AL	AXL

# 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 2018): \_\_\_\_\_

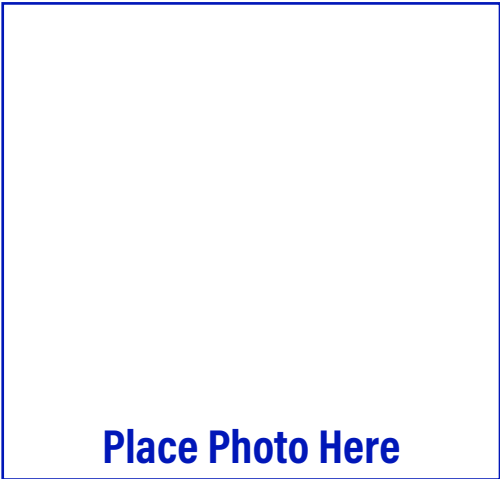
Birthdate: \_\_\_/\_\_\_/\_\_\_ M/F: \_\_\_\_\_ Grade: \_\_\_\_\_

Teams previously cheered on: \_\_\_\_\_  
\_\_\_\_\_

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



Place Photo Here

*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