



2018-2019 Evaluation Registration Form

Please fill out and return the following information:

Returning Team Athlete:

- ___ *Evaluation Fee \$30 by 4/15; \$50 After 4/15; \$75 Private
- ___ *\$250 Deposit
- ___ *USASF Fee \$30
- ___ *Athlete Evaluation Form
- ___ *ACH Direct Form (if you would like to use current just not on form)
- ___ *Event Conflict/Vacation Form
- ___ *Spirit Xtreme Membership Agreement

New Team Athlete:

- ___ *Evaluation Fee \$30 by 4/15; \$50 After 4/15 ; \$75 Private
- ___ *\$250 Deposit
- ___ *USASF Fee \$30/ Membership Application
- ___ *Athlete Evaluation Form
- ___ *ACH Direct Form
- ___ *Event Conflict / Vacation Form
- ___ *Spirit Xtreme 2018 Gym Registration Form - \$35
- ___ *Spirit Xtreme Membership Agreement
- ___ *Copy of Birth Certificate

You may return your complete packet to the gym office or mail it to:
Spirit Xtreme, 2895 Market Loop, Southlake, Texas 76092.

Only complete packets will be accepted!

Athlete's Name: _____ Birth Date: _____ Age on 8/31/18 _____

Address: _____ City/Zip: _____

Grade for the 2018-2019 School Year: _____ School: _____

Parent's Name: _____ Home Phone # _____

Parent's Cell: _____ Athlete's Cell : _____

Parent's Email(s): _____

Athlete's Email: _____

Referred By (2017-2018) Team Member: _____

Please indicate the payment option that you have selected:

- ___ Option 1: Pay in Full - Must Pay in Full in Gym Office by May 14th
- ___ Option 2: Monthly Installment Payments; Begin May 15th

Parent or Guardian AND Non Custodial Parent (If Applicable) must initial each.

Parent/Guard. Non Custodial
Parent

- ___ ___ I have read the packet in its entirety and completely understand the rules and regulations as well as the packet governing the Spirit Xtreme All-Star Cheerleaders and promise to uphold and abide by all of the rules set forth.
- ___ ___ I have looked ahead at important events and dates and have included any conflict with my evaluation packet.
- ___ ___ I have read and agree with the financial plan for the 2018-2019 season.
- ___ ___ I understand by signing this release form I am financially responsible for the athlete named.
- ___ ___ I have read and agree with the attendance expectations and policy for the 2018-2019 season.
- ___ ___ I have read and fully understand the Parent Compliance Form, the Athlete Compliance Form, The Spirit Xtreme Code of Conduct and the Material, Uniform and Property Rights Agreement.

Parent Signature: _____ Date: _____

Non Custodial Parent Signature (If applicable): _____ Date: _____

Signature of Person Responsible for Account: _____

EVENT CONFLICT AND VACATION FORM

Athlete Name: _____

Conflicts with CURRENTLY scheduled Spirit Xtreme events. (ex: choreography, potential competitions, etc.)
Please be specific with the dates and reasons:

I am a SCHOOL CHEERLEADER: YES NO If Yes, What School: _____

Coach Name: _____ Coach Email: _____

Summer Practice Dates: _____

Summer Camp Date: _____

When School Starts I will have:

Practices on: _____ day(s) Until: _____ p.m.

Football Games on: _____ day (s)

Volleyball/Basketball on: _____ day (s)

Competitions Attending w/ dates: _____

Summer Absence Notification: (No more than 3 weeks during the summer)

Dates Absent _____ Destination _____

Dates Absent _____ Destination _____

Dates Absent _____ Destination _____



**2018-2019 Joy, Rejoice, All Star Prep, and All Star ACH
Spirit Xtreme, Inc. Authorization Agreement for ACH Payments**

Athlete Name: _____ Spirit Xtreme utilizes an automatic credit card payment / automatic bank account withdrawal system. Upon approval, we will automatically bill your credit card/bank account for the amount indicated and your total charges will appear on your monthly statement. If you cancel your credit card/bank account or it expires during the season you will need to provide new information to the office before fees are added.

I/We do hereby authorize Spirit Xtreme, Inc. hereinafter name of company, to initiate recurring (debit/credit) entries to (my/our) checking account/savings account as indicated and named below as the depository financial institution, hereafter names financial institution. I/We acknowledge that the origination of ACH transactions to my/our account must comply Spirit Xtreme, Inc. to collect such debits by electronic debit and subsequently collect a return NSF fee of \$30 per item by electronic debit from my/our account identified below.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above evidence by my signature below.

Please choose one of the following:

_____ **Monthly Credit Card/Debit Card Information:**

EMAIL: _____

Type of Card: _____ MC _____ Visa _____ AMEX _____ Discover
Account #: _____ Security Code _____
Name on Card: _____ Exp Date _____
Address of Card Holder _____ City _____ State _____
Zip Code: _____

_____ **Automatic Bank Account Withdrawal**

EMAIL: _____

Security #: _____ Exp Date: _____
Name on Account _____
Address on Account _____ City _____ State _____
Zip Code of Account: _____
Financial Institution Name: _____
Branch: _____
Routing Number: _____
Account Number: _____
Type of Account: _____ **Checking** _____ **Savings**

**SPIRIT XTREME
MEMBERSHIP AGREEMENT**

THIS MEMBERSHIP AGREEMENT is entered into for the 2018-2019 cheerleading season, commencing on May 1, 2018 and to end on April 30, 2019, by between SPIRIT XTREME ("SX") and BOTH the participating all star cheerleader and the parent guardian of the all star cheerleader ("member").

I. POLICY AND EXPECTATION

The member has read and fully understands all policies, rules and expectations required to be a part of SX. The member is entering into this all-star cheerleading program on their own free will. The member understands what will be expected of them both as a parent guardian and an all star cheerleader. The member will conduct themselves in a sportsmanlike manner and uphold the standards that are expected to be a part of SX.

II. FINANCIAL COMMITMENT

The member has read and fully understands the amount that is asked for in the "Financial Obligations" portion of the "All Star Team Information Packet" to be a participant of SX. The member understands, should their monthly amount not be paid and show a balance due, then SX will reserve the right to remove the member from participation until the amount is paid in full. If the member has a due balance for longer than 30 days, SX reserves the right to dismiss the member from the program and pursue a legal remedy and/or turn to collection.

III. RELEASE AND ASSUMPTION OF RISK

As the member, I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of SX 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.

I expressly agree and promise to accept and assume all of the risks, know and unknown, connected with SX related activities, including by not limited to performance of stunts and/or use of trampolines. I elect for myself and my children to participate in such activities in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify SX 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 participant in SX activities.

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.

IV. TERMINATION OR DISMISSAL

If the member should fail to follow any of the mentioned expectations, policies and/or obligations listed in the "All Star Information Packet" SX will reserve the right to dismiss the member from the program.

If the member should decide to quit or stop attending the required participant involvement, then there is a "buyout" requirement set forth as the following. BUY-OUT requirement to exit the program is the amount of three "3" monthly fees. This amount is the amount paid by the member as described in the "Financial Obligations" portion of the "All Star Team Information Packet." The buy-out amount must be paid in full upon departure. If the buy-out amount is not paid within thirty "30" days from the departure then SX reserves the right to pursue a legal remedy and/or turn to collections.

V. LEGAL

Should SX required to incur attorney's fees and costs to enforce any part or in while the expectations policies and/or obligations listed in the "All Star Team Information Packet", the member will indemnify and reimburse SX for such fees and costs. This agreement and any action related thereto will be governed, controlled, interpreted, and defined by and under the laws of the State of Texas, without giving effect to any conflicts of laws principles that require the application of the lay of a different jurisdiction. If any part of the "All Star Information Packet" or any provision of this agreement is, for any reason, held to be invalid or or unenforceable, the other parts and/or provisions will be unimpaired and the invalid or unenforceable part and/or provision will be deemed modified so that it is valid and enforceable to the maximum extent permitted by law.

AS THE MEMBER, I have had sufficient opportunity to read the "All Star Team Information Packet" and this entire document, I have read it and understand it. I agree to be bound by its terms.

Signature of Participant or Parent Guardian: _____

Printed Name: _____ Date: _____

Signature of Non Custodial Parent: _____

Printed Name: _____ Date: _____

This portion must be completed for participants under the age of 18

IN consideration of _____ (please print minor's name) ("minor") being permitted by SX to participate in its activities and to use it equipment and facilities, I further agree to indemnify and hold SX 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.

Signature of Parent/Guardian: _____ Date: _____



2018-2019 ATHLETE EVALUATION FORM

REQUIRED:
Please Attach Photo Here!

Athlete Name: _____ **Age (As of Aug. 31st, 2018)** _____ **DOB:** _____ (m/d/y)

Grade 2018-2019: _____ **School:** _____

Address: _____ **City/St:** _____ **Zip:** _____

Parent Email: _____

*I will be attending: _____ Evaluations on 4/28 _____ Evaluations on 5/9 _____ Private Evaluation Scheduled

*Throughout the year there are times when athletes are needed to **“fill in” and cross compete** with a second team.

I would be willing to cross compete all season _____ YES _____ NO

I would be willing to cross compete in an emergency situation. _____ YES _____ NO

*Are you trying out for any Spirit Xtreme team regardless of level? _____ YES _____ NO

If no, please circle the level/levels you are only interested in and explain why? *Check the skill requirements per level

Level 1 Level 2 Level 3 Level 4 Level 5

Prior Cheer Experience		
Where	Age and Level	Stunt Position (Circle One)
1. _____	_____	None Base Fly Back-spot
2. _____	_____	None Base Fly Back-spot

Check the following skills that the athlete can successfully complete without a coaches spot:

Please do not hold off on turning these forms in until the last minute.

You are not evaluated on what you have checked off below. It is for our starting point knowledge only!

- | | |
|---|--|
| <input type="checkbox"/> Cartwheel
<input type="checkbox"/> Round Off
<input type="checkbox"/> Back Walkover
<input type="checkbox"/> Standing Back Handspring
<input type="checkbox"/> Toe Touch Back Handspring
<input type="checkbox"/> Standing 2/3 BHS
<input type="checkbox"/> Standing Back Tuck
<input type="checkbox"/> BHS Back Tuck | <input type="checkbox"/> Triple Jump Back Tuck
<input type="checkbox"/> Standing 2 BHS to Layout
<input type="checkbox"/> Standing Full
<input type="checkbox"/> Round Off BHS
<input type="checkbox"/> Round Off BHS Series
<input type="checkbox"/> Round Off BHS Back Tuck
<input type="checkbox"/> Round Off BHS Layout
<input type="checkbox"/> Round Off BHS Full Twist |
|---|--|



NEW ATHLETE MEMBERSHIP APPLICATION

INSTRUCTIONS: Use this application for Athletes that have NEVER been entered in the USASF Athlete Membership system. This may include athletes that are new to All Star cheer and dance OR athletes that were a part of a program that did not participate in athlete ID during previous seasons. **DO NOT create a new Athlete profile for an All Star athlete who has participated during a previous season with a different program and may already be in the system.**

This form is to be completed by the parent and given to the gym owner or program administrator of the current program for which the athlete is enrolled. They will then enter the information in the USASF Athlete Membership system. **DO NOT MAIL THIS FORM or BIRTH CERTIFICATES to the USASF office.**

ATHLETE FULL NAME (as printed on your birth certificate)

FIRST

MIDDLE

LAST

NICK NAME (The "first name" you go by if different from your given name)

DATE OF BIRTH

MONTH

DAY

YEAR

PROOF OF AGE PROVIDED Yes No

I authorize the above listed gym to upload the birth certificate for this athlete: Yes No **Parent/Guardian Initials** _____

GENDER Female Male

E-MAIL ADDRESSES:

Athlete E-mail (if applicable) _____

Parent E-mail (required) _____

HOME ADDRESS:

STREET ADDRESS

CITY, STATE ZIP CODE

ATHLETE: PLEASE READ ALL MEMBERSHIP TERMS BEFORE SIGNING

1. I fully understand and accept the terms and conditions listed on the attached page entitled **Athlete Membership Terms and Conditions**, allowing my participation in any USASF Member Event Producer event.
2. The birthdate above is correct and can be verified by providing a birth certificate or another acceptable government issued document.
3. I fully understand that failure to provide proof of age upon request or providing a document that has been altered or falsified may result in disciplinary action, including but not limited to, restriction of membership or ineligibility.

Athlete Signature _____

Date Signed _____

All athletes' ages 12 and older must sign this form

PARENT: PLEASE READ ALL MEMBERSHIP TERMS BEFORE SIGNING

1. I fully understand and accept the terms and conditions listed on the attached page entitled **Athlete Membership Terms and Conditions**, allowing my child's participation in any USASF Member Event Producer event.
2. The birthdate above is correct and can be verified by providing a birth certificate or another acceptable government issued document.
3. I fully understand that failure to provide proof of age upon request or providing a document that has been altered or falsified may result in disciplinary action, including but not limited to, restriction of membership or ineligibility for my child.

Parent or Guardian Signature _____

Date Signed _____