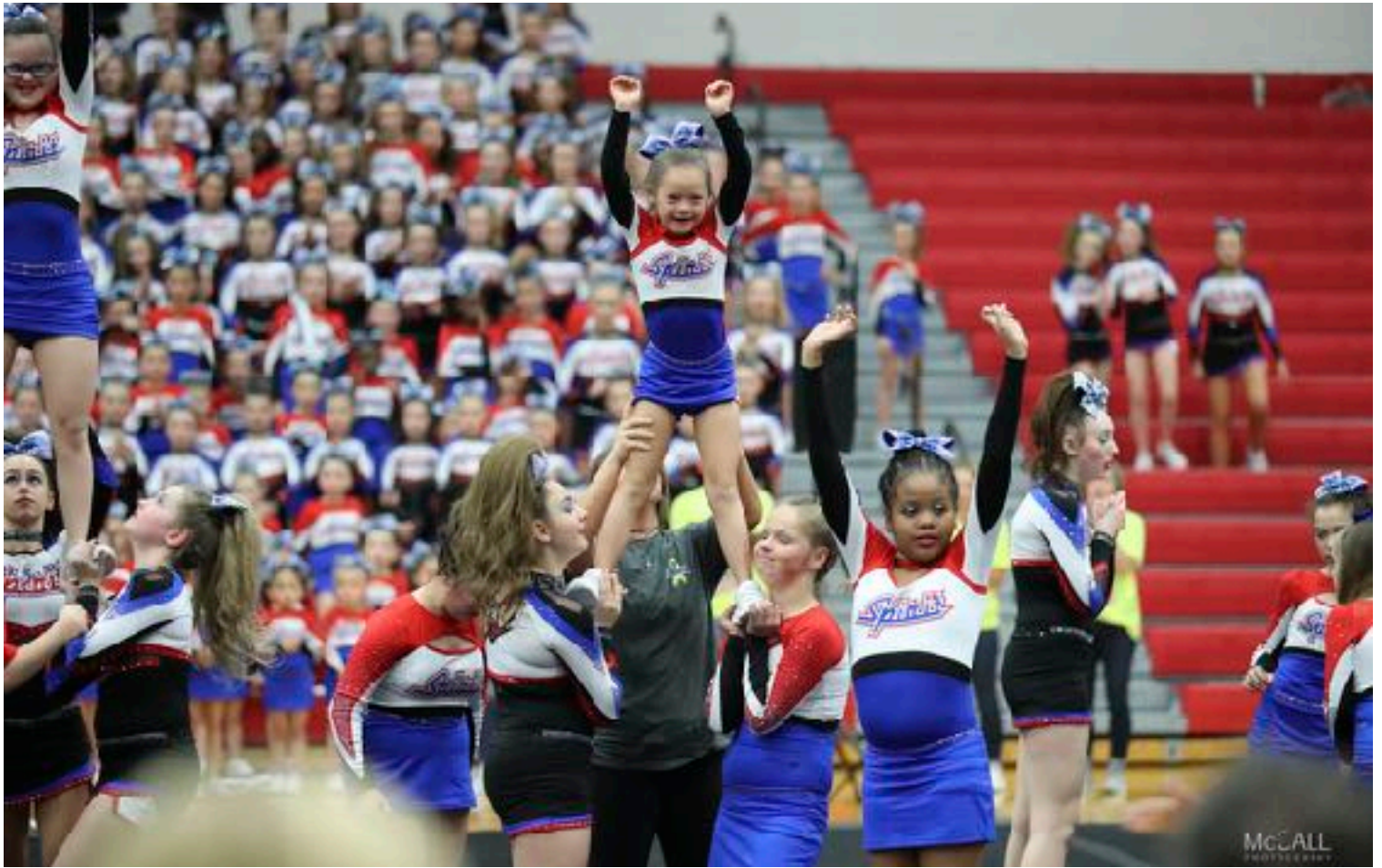


SPIRIT XTREME



2018 - 2019

**REJOICE
CheerABILITIES Team**

Information Packet

What is REJOICE?

Spirit Xtreme Rejoice is a Co-ed CheerABILITIES All Star team for athletes with an intellectual and/or physical disability who love to cheer, dance and perform.

Spirit Xtreme Rejoice will be coached by a professional staff who loves children and that has been trained specifically to work with your athlete. We will also have volunteer student and adult helpers to assist with the needs of our athletes at each practice and event. Your athlete will have fun, gain friendships, dance, cheer and perform in front of crowds cheering them on increasing their confidence.

These athletes are inspiring and make a tremendous impact on the all star cheer community!

Sign Up Information

Packets and Forms Due: Turn in your forms to the gym office between **Now and Friday, August 31st!**

First Practice:

Friday, September 7th 4:30-5:30p.m.

Rejoice will practice on Fridays from 4:30-5:30p.m. for practice during the 2018-2019 school year.



Team Expectations at Spirit Xtreme

Team Cost

We are excited to announce that the uniforms for our Rejoice athletes have been sponsored for the season by a very generous donor. The monthly fee for Rejoice will be \$25 a month which will cover all expenses including practice outfits. Your first payment will be due September 1st and will continue through March 2019.

Team Practices

Rejoice will practice one day each week for 1 hour from September 2018 to March 2019.

September 7th - March 2019: During the school year we are working very hard on our routine choreography. It is very important that athletes be at practice.

All team members are expected to attend every practice. Closer to competitions we may call one extra practice a week. Parents are notified of these possible dates months in advance!

Attendance/Absences:

All Star Teams are cheerleading's version of a "select" sport. It takes a full commitment from both the athlete and the family. Due to the commitment, we do not allow our All Star athletes to participate in any sports or other activities that will conflict with practices or competitions. We will excuse major Special Olympics events.

We NEED notice that an athlete will miss practice for ANY reason. We ask that we have at least a 7 day advanced notice for any absence. The only "excused" absence is a school function that results in a grade, severe illness, or family emergency.

Competition Attendance: THERE ARE NO EXCUSED ABSENCES FROM A COMPETITION. Every team member is expected to attend every competition. We ask that parents communicate directly with Coach Walter in the event that an athlete is unable to attend a competition. We understand that the unexpected CAN happen.

We expect to attend 3 to 4 competitions throughout the season.

Excused Absence Examples	Unexcused Absence Examples
Family Wedding, Birth or Death	Absence without 7 Day Advanced Notice
Graded School Event	Family Celebrations
Illness with Fever and/or Vomiting	Birthdays
Special Olympics	Homework/Studying
	Vacations During The School Year

2018-2019 Important Events and Dates

Uniform and Practice Clothes Fitting: The uniforms for the 2018–2019 season will remain the same and have been generously donated to our athletes. Athletes can wear any white athletic shoe.

**Uniform and Practice Clothes Fitting
Friday, September 7th 4:00-6:00p.m.**

*Athletes can be pulled during practice to be fitted with parent

Gym Closing Dates

September 8th-10th: Closed Labor Day Weekend

November 17th-25th: Thanksgiving Break

December 21st-Jan. 6th: Christmas Holiday

March 9th-17th: Closed for Spring Break

April 19th-21st: Closed for Easter

Events:

September 7th	First Practice
	Uniform and Practice Clothes Fitting 4:00-6:00p.m.
November	Exact Date TBA Parent Meeting During Rejoice Practice
December	Team Christmas Party during Practice
Feb. 3rd	Spirit Xtreme Pep Rally at Grapevine High School - Mandatory all Team Athletes
April	End of Year Banquet

Competition Schedule:

December 16th	SC Dallas Cowboys Nationals	Frisco
January 26th/27th	American Showdown Nationals	Fort Worth*Rejoice will perform either Sat. or Sun.
February 9th/10th	ACA Nationals	Fort Worth *Rejoice will perform either Sat. or Sun.
March 30th/31st	Cheerpower	Grapevine *Rejoice will perform either Sat. or Sun.

*Most competitions Rejoice will compete on Saturday vs. Sunday, but will confirm as soon as we know!



Spirit Xtreme Code of Conduct

We hold our staff, athletes, and parents to a higher standard. We do care about what your athletes are doing in and outside of the gym.

Dismissal: Grounds for Dismissal from Spirit Xtreme include, but are not limited to:

- Smoking, drinking of alcoholic beverages or use of drugs. This will warrant immediate dismissal from the team.
- Challenging the authority of the coach or person in charge, by athlete or parent, will be automatic dismissal from the team.
- Abusive behavior, inappropriate language, lying, stealing or any other negative form of behavior is grounds for dismissal.
- Each athlete will follow all additional rules and guidelines given by the coach or person in charge.
- Any negative behavior towards a Spirit Xtreme athlete or coach or to another gym, via any medium (i.e. Facebook, Twitter, Instagram, internet, cell phone...)
- Any unsportsmanlike behavior, via any medium, will result in dismissal from team.
- No inappropriate pictures or language to be used on any medium.
- Athletes are to never approach an official or judge or a competition to voice a negative opinion. Doing so will result in dismissal.
- Attending a tryout at another gym while under contract with Spirit Xtreme will result in immediate dismissal.

Leadership - Any infraction may result in dismissal from team.

- Each athlete must be aware that no person has a right to be on Spirit Xtreme. It is a privilege.
- Each athlete and parent must be aware of the responsibilities required and the commitment he or she is making to the team.
- Each athlete must be willing to cooperate with and be helpful to the coach or any person in charge.
- Each athlete must realize the manner in which they conduct themselves while representing Spirit Xtreme, directly reflects on the entire team, coach and gym.
- Each athlete will be willing to work hard, take directions, and strive for excellence.

Expectations - Any infraction may result in dismissal from team.

- Athletes will set and maintain the highest examples of behavior.
- Athletes will maintain the proper appearance with no extremes in apparel, hair, make-up, piercings or tattoos.
- Athletes will be on time to all activities.
- Athletes will do everything in their power to achieve personal and team goals.
- Each athlete is responsible for finding out any missed information.
- Athletes will not post routine videos or music to the internet without permission.

Competitions - Any infraction may result in dismissal from team.

- Athletes are required to attend all competitions through the awards ceremony. If parents are unable to stay for the whole competition, other arrangements must be made so that the athlete can stay.
- The highest standard of sportsmanship is expected from coaches, athletes and parents.
- Athletes must be prepared for competition: Uniform clean, shoes, and hair and make up as specified by Spirit Xtreme.

Safety - Any infraction may result in dismissal from team.

- Jeopardizing the safety of oneself or any other athlete is grounds for disciplinary action or dismissal.
- There is NO gum, candy, jewelry, food or drinks near the gym floors.

Spirit Xtreme Parental Obligations Rules and Regulations - Any infraction may result in dismissal from team.

- Any negative behavior towards a Spirit Xtreme member, Spirit Xtreme gym, Spirit Xtreme staff or to another gym via any medium, will result in dismissal of your athlete from team.
- Parents will make sure that your athlete is on time to practice
- Parents are to inform the coach if the athlete is to be late or absent.
- Parents are to fulfill any financial obligations on time.
- Parents are to encourage and support Spirit Xtreme to be the best they can be.
- Whoever signs the release form is financially responsible, but all parents are responsible for knowing the policies and procedures of Spirit Xtreme.
- Parents need to maintain manners and civility at all events.
- Any negative behavior towards a Spirit Xtreme athlete or coach or to another gym, via any medium (i.e. Facebook, Twitter, Instagram, internet, cell phone...) will result in dismissal from team.
- Any unsportsmanlike behavior, via any medium, will result in dismissal from team.
- Parents are to never approach an official or judge or a competition to voice a negative opinion. Doing so will result in dismissal.
- Parents will not post routine videos or music to the internet with permission.
- Parents are not to use the Spirit Xtreme contact list, parent emails, or phone list for anything negative. There will be no tolerance on this issue.

Facilities

- No gum in the gym area.
- No food in the gym area. The team room is available for athletes to eat.
- No pets (dogs, cats, etc) are allowed in the gym at any time.
- Children who are not athletes of Spirit Xtreme should not be left unattended at the gym.
- The team room is for team athletes only and should not be used as a play area.

2018-2019 REJOICE Registration Form

Please fill out and return the following information:

- _____ Registration Form to the gym office by August 31st
- _____ *ACH Direct Form
- _____ *Spirit Xtreme 2018 Gym Registration - \$35 yearly insurance and family registration fee - **ONLY if NEW athlete to Rejoice**
- _____ Athlete Information and Assessment

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

Athlete's Name: _____ Birth Date: _____

Age as of August 31st, 2018: _____ Grade for the 2018-2019 School Year: _____

Address: _____ City/Zip: _____

Parent's Name: _____

Home Phone: _____ Parent's Cell: _____

Contact Email(s): _____

Referred By: _____

Notes about restricted practice days, conflicts with events, etc: _____

Athlete's T-shirt Size (please circle one): YXS YS YM YL AS AM AL AXL

Parent or Guardian must initial each.

- _____ 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 tryout 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.

Parent Signature: _____ Date: _____

Signature of Person Responsible for Account: _____



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**

Office Use Only

Free Trial Date _____

Class _____ Team _____

Private _____



Athlete Information and Release

Office Use Only

Start Date _____ Shirt _____

CK / Cash / CC _____ New _____ Re-enroll _____

Name: _____ DOB _____ Main Phone: _____

Address: _____ Athlete Cell Phone: _____

City, State, ZIP: _____ Athlete E-mail: _____

Current School: _____ HS Graduation Year: _____ Fax Number: _____

Mom's Name: _____ Cell: _____

**Email mandatory for parent notification of updates and changes.*

E-mail: _____ Work: _____

Dad's Name: _____ Cell _____

E-mail: _____ Work: _____

Emergency Contact and Numbers: _____

Insurance Co. _____ Medications Allergies _____

How did you hear about the gym? _____ Doctor _____ Phone _____

Authorization and Release

*I authorize Spirit Xtreme, Inc. and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization

*I, the parent or legal guardian of the above named student hereafter referred to as 'student', do hereby permit the 'student' to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student at Spirit Xtreme, Inc. I assume full responsibility for 'students' personal safety and release Spirit Xtreme, its supervisors and employees from any and all liabilities that may arise due to any injury including death to 'student' by reason of 'students' participation in any activity at Spirit Xtreme or in which Spirit Xtreme is participating elsewhere. I further attest and acknowledge that my child is in good health and condition and is physically able to participate in all activities offered through Spirit Xtreme, clinics, classes and all other gym related events.

*I authorize Spirit Xtreme, Inc. to use photographs, video, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

*I authorize Spirit Xtreme, Inc. to register my athlete for the Newsletter.

*I understand the first month's tuition as well as the yearly registration will be required to be paid in full when registering for activities at Spirit Xtreme. I understand that I must give 14 days written notice in advance of dropping any class/activity at Sprit Xtreme.

*I understand all monthly tuitions at Spirit Xtreme are due on the 1st day of each month. I understand that it is my responsibility to make sure Spirit Xtreme receives my full monthly tuition including any unpaid balance on my account on or before the 15th day of the month. I understand I will be charged a \$20 late fee if my account is not paid by the 15th of the month, and 'student' may be withheld from participating in activities at Spirit Xtreme.

*I understand I must pay an annual registration fee of \$35 to enroll in any activities at Spirit Xtreme.

*I understand any payment on my account returned unpaid for any reason(NSF, expired CC) will incur a \$25.00 NSF fee and a \$15 late fee. I understand Spirit Xtreme does not refund tuition for ANY REASON.

I have read, understand and execute this release and acknowledgment:

Parent/Legal Guardian Signature: _____ Date: _____

CC____ ACH____ IC____



Athlete Information and Assessment

Athlete Name: _____

Documented Disability: _____

Is athlete prone to seizures? If yes, what type? _____

Seizure plan of action (When is it considered an emergency?): _____

If on the Autism Spectrum, is athlete sensitive to touch/textures? _____

Sensitive to Light/Sounds/Stimulation? _____

Speech or language delays? _____

Health/Physical Development

Describe your athlete's balance and coordination:

Describe your athlete's gross motor skills:

Describe your athlete's fine motor skills:

Describe your athlete's regular exercise:

Does your athlete have vision concerns including wearing glasses and/or corrective lens?

Does your athlete have hearing concerns? If so, please explain:

“Does the athlete....”	Independently	Sometimes	Never	Comments/Additional Information
Indicate basic needs				
Use gestures/sign language to indicate needs				
Takes you to what he/she needs				
Use a communication binder/ PECS cards to indicate want/ need				
Speak in simple sentences				
Answer questions				
Ask questions				
Carry a conversation				
Use speech than can be understood				
Respond to sounds and/or music				
Respond to their name				
Respond to gestures like pointing to place to go				
Respond to word direction				
Respond to more than one word direction				
Follow one step directions				
Follow two step directions				

“Does the athlete....”	Independently	Sometimes	Never	Comments/Additional Information
Follow more than 2 step directions				
Respond to words or questions immediately				
Need wait time to respond				
Communication Strengths:				

Safety

“Does the athlete....”	Independently	Sometimes	Never	Comments/Additional Information
Recognize Danger				
Express Fear				
Responds to words stop/no etc.				
Follow directions when requested during activities				
Run away from activities when given directions				
Please list and/or describe any other additional safety concerns				

Socializing/Behavioral

“Does the athlete....”	Independently	Sometimes	Never	Comments/Additional Information
Interact with Adults				
Interact with Peers				
Express humor appropriately				
Express anger appropriately				
If not, then what has worked in the past to calm them down?				
Take Turns				
Are there any special ways to engage your child in adult/peer interactions?				
Is there any additional information regarding socialization or any inappropriate behaviors?				

Athlete's Interest

Athlete Name: _____

Does your athlete like physical activity? _____

Play other sports or participate in other activities? If yes, please explain: _____

Interact with peers/siblings? _____

Enjoy Music (If yes, what kind?): _____

Have favorite activities/hobbies: _____

Have favorite interests? (TV Shows, Characters, Etc.): _____

Is there additional information regarding activities that you would like to share that your athlete likes or dislikes?

Parent or Guardian must initial each:

___ I give my permission for this assessment to be shared with all coaches and volunteers working this athlete in any capacity.

Parent Guardian Signature: _____

Date: _____