

STARS



REGISTRATION DETAILS

Parent Information Meeting - Spirit Xtreme

Monday, April 13th 6:00p.m.
Thursday, April 16th 7:30p.m.
Monday, April 20th 6:00p.m.

An opportunity to have your questions answered regarding all Spirit Xtreme team programs. If you are unable to attend just give us a call and we can happily schedule a private meeting or answer any questions you might have. Additional mandatory parent information meetings will occur the first week of team practices.

How to register for STARS

REGISTER under 'class registration' tab at the top right corner of our website and pay the \$50 2026-2027 STARS Registration Fee. New athletes will need to create an account and returning athletes can simply log in to their existing account. Once logged in, simply click "Booking" and then the "STARS" link on the left menu bar.

AFTER you register online, please fill out and return pages 2 through 6 to the main office **PRIOR** to STARS in Training. Form packets are available to pick up in the gym office.

CHECK YOUR EMAIL for a "Action Required-Complete Your STARS Registration Today" for additional information. This email will include your training session options on May 7th or 8th. Stars can simply choose one training session to attend.

ATTEND "STARS in Training Session" - STARS Athletes are encouraged to attend one of the following training sessions.

Thursday, May 7th	6:00-7:00p.m.
Friday, May 8th	6:00-7:00p.m.

***ALL PAPERWORK MUST BE RETURNED TO GYM OFFICE PRIOR TO attending a training session or prior to an athlete being placed on a team.**

TEAMS will be **ANNOUNCED** by the end of day **May 29th**. Team announcement emails will include first team practice time, July choreography dates, uniform fitting dates as well as Initial Parent Meeting details scheduled for Sunday, May 31st.

2026-2027 STARS Evaluation Form

Please fill out and return the following information PRIOR to your Initial Evaluation

Athlete's Name: _____ Age: _____

Date of Birth: _____ Birth Year: _____

Grade for the 2026-2027 School Year: _____ School: _____

Home Address: _____

City: _____ Zip Code: _____ Contact Phone: _____

Parent's Name: _____ Parent's Cell: _____

Parent Email for Team Results: _____

List any pre-existing injuries or medical problems: _____

*If you have a friend also registering for STARS we will do our best to match athletes on the same team as long as athletes are in the same age division.

Friend Request: _____

Please circle any day that your athlete would NOT be available for a weekly practice and share the reason why below. As teams are formed, we will utilize this information to help determine practice day.

Monday

Tuesday

Wednesday

Thursday

Reason: _____

Please circle the earliest time your athlete would be available for a weekday team practice.

5:00

5:15

5:30

5:45

6:00

ACKNOWLEDGEMENT OF SPIRIT XTREME POLICES, EXPECTATIONS, AND FINANCIAL COMMITMENT

Athlete's Name: _____

Please indicate the payment option that you have selected for the 2026-2027 Season:

_____ **Option 1:** Pay in Full by June 1st

_____ **Option 2:** Monthly Installment Payments; Begin June 2nd

I, the parent/guardian of _____ acknowledge I have received a copy of the 2026-2027 Program Information Packet.

Parent Initial: _____

I further acknowledge that I understand and agree to abide by the rules, regulations, and polices set forth in the Information Packet, Parent Expectations, the Athlete Expectations, and the Spirit Xtreme Code of Conduct.

Parent Initial: _____

I acknowledge, understand, and agree with the financial requirements for the 2026-2027 season. I understand that if my athlete is removed or decides to quit there will be no refunds for any amount of paid including tuition, uniform, competition fees, or practice wear.

Parent Initial: _____

I understand all accounts with a balance remaining after the 10th of the month will incur a \$10 late fee. Any declined or failed payment methods will result in a \$25 processing fee.

Parent Initial: _____

I have read and understand the program fees for the 2026-207 season.

Parent Initial: _____

I have read and understand the tryout information for the 2026-2027 season.

Parent Initial: _____

I have looked ahead at important events and dates and have included any known conflict on the Known Conflict/ Planned Vacation Form.

Parent Initial: _____

I have read and understand the attendance expectations.

Parent Initial: _____

I acknowledge, understand, and agree that the payment of tuition, expenses, and other fees does not guarantee the right for my child to perform and that my child must meet skill requirements.

Parent Initial: _____

I understand by signing this release form I am financially responsible for the athlete named.

Parent/Guardian Signature: _____

Date: ____/____/____

Contact Information STARS

Athlete Name: _____ DOB: _____

Address: _____

City/Zip: _____

Athlete Cell: _____

Mom Name: _____

Mom Cell: _____

Dad Name: _____

Dad Cell: _____

Mom Email: _____

Dad Email: _____

Athlete T-Shirt Size: _____

Athlete Tank Size: _____

Athlete Sweatshirt Size: _____

STARS

Athlete Name: _____ Age: _____ Birth Year: _____

Parent Name: _____

If you would be interested in serving as a team mom, please circle your area of interest!

Communication

Competition

Team Socials

Team Gifts

Summer Vacation Absence Notification

Dates Absent _____ Reason _____

Dates Absent _____ Reason _____

Dates Absent _____ Reason _____

Known Future Conflicts with Dates Shared In Packet

NOT SUMMER

Dates of Known Conflict _____ Reason _____

Dates of Known Conflict _____ Reason _____

Dates of Known Conflict _____ Reason _____

SCHOOL CHEERLEADERS

I am a SCHOOL CHEERLEADER: YES NO

If Yes, What School: _____

What School District: _____

Cheer Coach Name: _____

Coach Email: _____

Summer Cheer Camp Date: _____

Summer School Practice Dates: _____

When School Starts I will have:

Cheer Practice on: M T W TH F Until: _____ p.m.

Football Games on: M T W TH F *CHEERING ONLY - NOT PLAYING

Vball/Bball Games on: M T W TH F *CHEERING ONLY - NOT PLAYING

School Cheer Competitions Attending w/ dates: _____

Office Use Only:
Absence _____

Medication and Medical Consent Form 2026-2027

Athlete Name: _____

Medication Consent

Spirit Xtreme will not provide Ibuprofen, Tylenol, Benadryl or Aleve to any athlete without written permission and consent from a parent or guardian.

_____ No, I do not want medication provided to my child

_____ Yes, my child may be provided any of the medications listed above.

_____ Yes, my child may be provided and administered medicine only from the following list:

1. _____

2. _____

3. _____

Emergency Medical Treatment

I, the parent/guardian of _____, give permission to Spirit Xtreme staff and any medical team to seek emergency medical attention for my child or to transport my child for emergency medical treatment if my emergency contact or I cannot be reached.

Telephone Numbers:

Day: (____) _____ - _____

Evening: (____) _____ - _____

Emergency: (____) _____ - _____

Parent Guardian Signature: _____

Date: ____/____/____