

Texas RockStars
Tryout Packet for 2017–18 Season
for Mini 1 thru Senior 4 Teams

Athlete's Name _____ # _____

Check one: _____ Current Member _____ New Member

At tryouts, the following items must be submitted, or the athlete cannot tryout.

A Texas RockStars employee verifies the below and **initials** items received.

_____ All completed registration-related forms:

Registration form signed _____

Medical Release form signed _____

Credit Card Authorization form signed _____

Parent Agreement form signed _____

_____ **Fees:** \$50 non-refundable tryout/registration fee, \$40 USASF fee, and \$200 for practice wear for a **total of \$290.**

_____ **Monthly tuition** is \$260/month (Must be paid on or before the first day of the month.)

_____ Copy of athlete's **birth certificate** (new members only)

_____ **2016–17 account must have a \$0 balance** (current members only).

 There will be a list at tryouts of those who cannot try out.

NOTES: _____

The above items were verified and collected by the below Texas RockStars employee.

Employee Signature _____ Date _____

Texas RockStars 2017-2018 Registration Form

Athlete's Name _____

New Team _____

Age (on Aug. 31, 2016) _____ DOB (mm/dd/yy) _____

Grade (Fall 2018) _____

Address _____

City _____ State _____ Zip _____

Primary Contact Phone # _____

If calls are necessary, we will call the primary contact phone number first (usually the mother).

Primary Contact E-mail Address _____

The primary e-mail address will be part of our **E-mail Update List**. Team updates will be sent to this e-mail.

Parent/Legal Guardian Contact Information

Circle e-mail below to add to the E-mail Update List. The work phone number below is only for emergencies.

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

E-mail _____

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

E-mail _____

Emergency contacts if parents/legal guardians cannot be reached.

Emergency contact name _____

Relationship to student _____ Phone _____

Emergency contact name _____

Relationship to student _____ Phone _____

I affirm that the above information is correct.

Parent/Legal Guardian

(Signature) _____ Date _____

Medical Release, Treatment Consent, and Medical Information Form

I certify that _____ (child's name) is physically capable and able to participate in tumbling, stunting, cheerleading, dance and other physical activities at Texas RockStars. I understand that there is personal risk involved in any activity that requires cheerleading-related activities that could result in serious injury or even death. I assume full medical responsibility for my child while involved in activities at Texas RockStars. I release Texas RockStars from any liability for injuries incurred while participating in activities at Texas RockStars' facilities or at any Texas RockStars' activities at other facilities. **If there is any physical or medical reason why my child should not participate fully, Texas RockStars requires a doctor's release.**

If an emergency occurs while my child is at a Texas RockStars sponsored practice, performance, competition or trip, I grant my permission to Texas RockStars and its employees to take whatever action is necessary if I cannot be reached immediately. If I or my designated emergency contact persons cannot be reached, I authorize Texas RockStars' employees to give consent for my child to receive medical treatment.

If you do not grant permission or authorize consent for medical treatment for your child, what procedure should be followed?

Family Physician _____ Phone _____

Insurance Company _____
Policy Number _____

Medical Information (please circle)

Diabetes yes no Convulsion disorder yes no Allergic to insect stings yes no

Heart condition or disease yes no Asthma yes no Allergic to medication yes no

Please list any medication taken daily and any other relevant medical information:

Parent/Legal Guardian

(Signature) _____ Date _____

Photography Release

As the parent or legal guardian of _____, I give Texas RockStars permission to use my child's photo on Texas RockStars' website and/or Facebook pages. The athlete will not be identified by name in the photo without permission from the parent/guardian.

Parent/Legal Guardian

(Signature) _____ Date _____

2017-18 Credit Card Authorization for Texas RockStars

Texas RockStars athletes must submit this form at tryouts. If their monthly tuition is not paid by the 5th of the month by check, cash, etc., then the below credit card will be charged on the 6th of the month.

Name of Team Member _____

Name of Member's Team _____

Name on Credit Card _____

E-mail of Credit Card Holder:

Type of Card (check one) MasterCard Visa Discover

Credit Card Number _____ Zip Code _____

Expiration Date _____ Security Code (3 digits) _____

The holder of the above credit card MUST sign the below paragraph:

I authorize Texas RockStars to charge the monthly tuition for the above athlete to the above credit card on the **6th day** of each month from May 2017 through April 2018, **ONLY IF** the tuition is not paid by another method by the 5th day of the month.

Credit Card Holder Please Sign _____ Date _____.

OPTIONAL: Sign below if you want your credit card charged on the 1st of each month for the monthly tuition:

I authorize Texas RockStars to charge the monthly tuition to the above credit card for the above athlete on the **first day of each month** from May 2017 through April 2018.

Credit Card Holder Please Sign _____ Date _____

OPTIONAL: Please sign below if you want your credit card charged for other costs:

I authorize Texas RockStars to charge the above credit card for other fees, such as registration fee, USASF fees, practice wear, and uniform. Texas RockStars will obtain permission from me before charging any other costs to the above card.

Credit Card Holder Please Sign _____ Date _____

Texas RockStars Competitive Cheer Program 2017-2018 Parent Agreement

- 1) I understand the time commitment that is necessary for my child to participate in the Texas RockStars Competitive Cheer Program. My child will attend all regular team practices from May 2017 through April 2018. I understand and agree that my child must participate in all extra practices in the two weeks before each competition. I understand that absences must be excused by Jason Powledge.
- 2) I understand that this is a 12-month commitment and a TEAM sport. I understand that if my child withdraws from the program or is absent from practices, that it affects the whole team.
- 3) If I have a concern about my child's coaches or team members, I will discuss with the coach and/or contact Jason Powledge to resolve the issue. I agree that this conversation will take place in private and will not take place in front of, or within hearing range of, any students or parents.
- 4) I understand that the parent viewing area at our facility is available for parents to watch their child's practice. While at the facility or competition venue, I will not use inappropriate language, and I will not speak negatively about my child's teammates, parents, the program, facility, staff, or other cheer programs. While at the facility, I agree that I will not correct or coach my child's teammates or my child regarding cheer performances. I will only make positive comments. I understand that I will be asked to not come into the parent viewing area if I make negative remarks.
- 5) I realize that my actions and words represent the Texas RockStars cheerleading program.
- 6) I will respect Texas RockStars' facility, and I will supervise all children that I bring to the facility.
- 7) I will not keep my child from practice, competitions or other Texas RockStars events as a form of punishment.
- 8) I understand that I am not allowed to approach competition judges, event officials or event producer staff at any events in which Texas RockStars participates. If I have a concern, I will notify Jason Powledge.
- 9) I understand that sometimes a team member needs to be moved to another team, and that Jason Powledge will discuss this with the child's parents before moving the student.
- 10) I understand that I must sign a Credit Card Authorization form in order for my child to participate in the program. I will keep the credit card info updated. If not, I understand my child can be dropped from the program because of a delinquent account.
- 11) I understand that my monthly tuition must be up-to-date before I schedule a **private lesson** with any of the coaches at Texas RockStars.

- 12) I agree to bring my child to Texas RockStars practices and events on time and dressed appropriately, and that my child will come with a positive attitude and ready to do her best.
- 13) I understand that my child is not permitted to wear any kind of **jewelry** to practices, performances or events.
- 14) I understand that Texas RockStars is not responsible for any personal property that is stolen from Texas RockStars' facilities (inside or outside) or from facilities where Texas RockStars is participating in events. I understand that it is best that my child not bring valuables to practices or events.
- 15) I will give Texas RockStars at least a two weeks' notice if it is decided that my child will leave the program. I will e-mail Jason Powledge at j.powledge@yahoo.com, or call him at 832-876-3144. I understand that I am responsible for making payments for my child's last month of participation. I understand that I will not receive a refund for any payments, except for months of non-participation.
- 16) I will not allow my child to quit cheerleading at Texas RockStars because the team lost a competition. I understand that every team wins some competitions and loses others. Whatever the outcome of any competition, I agree to continually support my child, the team and the coaches. I understand that overcoming obstacles will make my child, and my child's team, stronger in the future. I will support the team during the whole season.

Please sign below acknowledging that you have read all of the items in this Parent Agreement and that you agree to abide by all the above items.

Athlete's name

(print) _____

Parent Signature

_____ **Date** _____

Payment Options

We accept the following forms of payment:

- **Checks or money orders (made payable to Texas RockStars)**
- Cash
- Visa, MasterCard or Discover credit cards

To pay via your bank's **Bill Pay** system or to send payments **by mail**, send payments to:

Texas RockStars
4511 Morley Point Court
League City, Texas 77573

Account number will be your child's first and last name.
Checks should be made **payable to Texas RockStars**.

Where and who to pay:

- When paying at the gym, please pay the worker at the desk in the parent-viewing area, or insert in the lockbox located next to the desk inside the parent-viewing area.
- If paying in cash, please make sure to get a cash receipt from the worker at the desk. If you put cash in the lockbox, please put it in an envelope with the name of the athlete, the cash amount, and the date.
- **All checks MUST be made out to Texas RockStars.**