



# Tiny All Star Prep Information



**Delaware's Most Successful  
All Star Cheerleading Program**

# 2017-2018 TINY ALL STAR PREP & TEAM ENROLLMENT

**SIGN UP ONLINE [WWW.TRISTATECHEERASTICS.COM](http://WWW.TRISTATECHEERASTICS.COM)**

## **PRE SEASON CHEER CLASS:**

August 9, 2017      5:30 - 6:30 PM  
August 16, 2017      5:30 - 6:30 PM  
August 23, 2017      5:30 - 6:30 PM  
August 30, 2017      5:30 - 6:30 PM

## **AGES 3-6**

**Athletes of ALL Skill  
Level & Experience will  
make a team.**

## **SEASON BEGINS:**

September 11, 2017      5:30 - 6:30 PM

Our Tiny Prep program is geared towards athletes ages 3 to 6 who desire an introduction to all star cheerleading, with a shorter commitment time while competing and gaining new skills. The team will focus on proper technique, and execution of stunts, jumps, motions, tumbling, dance, and choreography. Throughout the season our staff will also focus on building confidence, instilling teamwork, and further development of athlete skills.

To participate, athletes need a completed current release waiver. We update our cheer files yearly, and ask that everyone complete a waiver that can be found on our website or in this packet. During the first week of PRE CHEER CLASS, athletes will receive a packet of information which includes an information sheet, debit authorization form, and policy manual. Once the packet is received we ask that everyone complete the needed paperwork and return to the office as soon as possible. To help complete your athlete's cheer file we will need a copy of their birth certificate and insurance card. Athletes will also receive a commitment agreement during the first month of practice. We ask that all parents complete their commitment agreement at the first practice, or by October 1st.

Tuition at Tristate Athletics is divided into multiple categories and payments. Please see the details below regarding payment structure for the 2017-2018 Tiny Prep Season. We pride ourselves in being up front with all costs and required expenses for the season.

**Gym Fees:** The gym fees are auto-debited from the account on file on the 1st of each month from August through March.

**Registration Fee:** Each athlete will pay a yearly registration fee of \$35.00 for our Tiny Prep Season.

**Uniform Fee:** We're introducing a NEW UNIFORM in 2017/2018! All Tristate Athletics Tiny Prep athletes will wear this all star prep uniform this season. The cost of the uniform is \$140.00. Uniform payments are NOT auto-debited, and must be paid in the office by November 10th, 2017. A uniform fitting will be scheduled in late October, or early November. Fitting details will be sent in a separate email once the season begins.

**Fixed Fees:** There are multiple expenses for the prep cheer season that have not been included in the above categories. We combine these expenses in the fixed fee category. Fixed fees include: competition make-up, competition hair bow, competition music, team choreography, competition registration fees, Nfinity Evolution sneakers, a practice outfit, program wide competition cover up shirt, end of season celebration, etc. Fixed fees are paid in (5) installments of \$102.82 from September 20th through January 17th. Fixed fees are not auto-debited from the account on file and must be paid in the office. Parents that wish to pay their fixed fees in full will receive a 6% discount on their fixed fees.

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## Why do I need a credit card/debit authorization form?

Each athlete is required to have this form on file, and it must be updated yearly. It is the responsibility of the athlete's parents to update the information on file as needed throughout the season.

Payments for the 2017-2018 season begin August 2 (for pre-season class), and September 1 for official start to the 2017/2018 season.

Going forward, all accounts on file will be debited on the 1st of each month for the gym fees. Past due amounts will incur a \$15.00 fee per/month late fee if not paid by the 5th of each month.

## When will the athletes practice?

Pre Season Team Practices will be held on Wednesdays from 5:30 - 6:30 pm beginning on August 2.

\*\*Not required, but highly encouraged as a way of jump starting your season.

Tiny All Star Prep Practices will begin on the week of September 10th. The team will practice in the gym two times per/week Mondays & Wednesdays from 5:30 - 6:30 pm.

A team's practice schedule may be altered to meet the specific needs of the team or gym availability.

## Who will be my athlete's coach?

Coaching assignments are not determined until after team placements are complete.

During the registration process, the coaches will work together to form teams.

## 2017/2018 Tiny All Star Prep Season Competition Schedule (forecasted)

January 14th - Tristate Athletics Program Showcase  
Location: Northern Delaware

January 29th - Saint Marks High School State Qualifier  
Location: Wilmington, DE

February 4th - Christiana High School State Qualifier  
Location: Newark, DE

February 11th - Dover High School State Qualifier  
Location: Dover, DE

February 25th - Lake Forest High School State Qualifier  
Location: Felton, DE

March 4th - Delaware State Championships  
Location: Smyrna, DE



# Tristate Athletics All Star Team Application

Attach a Head Shot

(Photo)

New Athletes Only

## Contact Information

Athlete Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Month Day Year As of August 31, 2017

Athlete Email \_\_\_\_\_

Athlete Cell # \_\_\_\_\_ Grade \_\_\_\_\_  
Entering 2017-2018

Athlete T-Shirt Size (Bella Brand) YS YM YL AS AM AL AXL AXXL AXXXL

Referred by \_\_\_\_\_

## Guardian Information

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Email \_\_\_\_\_

## Medical Information

Please list any and all pre-existing injuries, or medical issues we should be aware of.

Please list any allergies you have \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Not a Parent/Guardian)

## Tryout Information

Where have you previously cheered? \_\_\_\_\_

What stunting position do you most identify with? Backspot Flyer Main Base Secondary Base

Are you trying out for any Tristate Athletics team, regardless of level? Yes or No

If not, please circle the level or levels that you'd be interested in cheer for .

Level 1 Level 2 Level 3 Level 4 Level 5

Are you interested in cross competing, to an additional team? Yes or No

## Vacation Request

When scheduling teams for sessions with our guest instructors, and choreographers, we're able to arrange the schedule to avoid as many conflicts as possible. While this is not guaranteed, we will do our best to minimize issues.

Departure Date

Return Date

Is this trip local?



TRI-STATE CHEERNASTICS INC. OF NEW CASTLE – RELEASE FORM ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION, AND COVENANT NOT TO SUE

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between TRI-STATE CHEERNASTICS, INC. OF NEW CASTLE, a Delaware Corporation and parent (if participant is under 18) \_\_\_\_\_ or self (participant is over (18) \_\_\_\_\_). In consideration of CheerNastics allowing the hereinafter-named participant(s) to participate and/or enroll in a program and/or to use the equipment and facilities of CheerNastics and for the other good and valuable consideration, the undersigned, intending to be lawfully bound, hereby covenant and agree as follows:

1. CERTIFICATION OF AUTHORITY – I/We, the undersigned, hereby warrant that I/we are the participant(s) or custodial parent(s) and/or lawful guardian(s) of the hereinafter-named participant(s) and have lawful authority to make and execute this agreement for myself/ourselves and for and on behalf of the hereinafter-named participant(s) (PLEASE PRINT):

Participant(s) Name: \_\_\_\_\_  
Birth-Date(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK - I/We hereby acknowledge that I/We are aware that the above named participant(s) will be engaging in physical exercise and activities involving various gymnastics and acrobatic equipment and facilities, coordination events, fitness training, and sports which inherently and in their very nature could cause injury to named participant(s). Injuries including, but not limited to muscle strains, ligament sprains, fractures, paralysis or death. Fully recognizing the potential risks, I/We hereby assume all risks that such injury(s) may result.

3. WAIVER AND RELEASE – I/We hereby waive any and all claims, past, present, or future, known or unknown of any kind or nature, for personal injury (including death) arising out of or connected with the herein-above-named participant(s) participation at CheerNastics facilities (or elsewhere under CheerNastics’ control or supervision), I/We hereby release CheerNastics, it’s officers, directors, agents, and employees from any and all such claims.

4. COVENANT NOT TO SUE – I/We hereby covenant and agree not to sue, nor assist any other person or legal entity, in suing, CheerNastics, it’s officers, directors, agents, and employees or on account of any such claim described in paragraph No. 3 above.

5. INDEMNIFICATION – I/We hereby covenant and agree to hold harmless and indemnify CheerNastics, it’s officers, directors, agents, and employees described in Paragraph No. 3 hereof made by or on behalf of any person or legal entity, including court costs, expert witness fees, and reasonable fees.

6. ACKNOWLEDGEMENT OF NO PHYSICAL EVALUATION BY CHEERNASTICS – I/We hereby acknowledge that CheerNastics will make no evaluation or recommendation as to whether or not the herein-above-named participant(s) is/are physically fit for any exercise activity, and that if such participant has any physical condition that may impact upon his/her ability to engage in these activities, and/or which condition may be aggravated or exacerbated by these activities, it is my/our responsibility to obtain a physician’s statement describing any limitation to participate in the programs, activities, and/or to make use of the equipment and facilities. I/We further acknowledge that it is always advisable to consult with a physician prior to allowing said student to undertake any physical exercise program.

7. SEPARABILITY – If any section, paragraph, sentence, or clause of the Agreement is determined or declared to be invalid or unenforceable by any court of competent jurisdiction, the remainder hereof shall remain in full force and effect.

8. BINDING EFFECT – This agreement shall be binding upon the parties hereto, their administrators, successors, and assigns.

9. GOVERNING LAW – This agreement shall be governed by the laws of the State of Delaware notwithstanding the fact that one or more parties may now or later become a resident of another state.

Tri-State CheerNastics Inc. of New Castle

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Custodial Parent/Lawful Guardian Self (participants over 18 years of age)  
x \_\_\_\_\_ Date: \_\_\_\_\_ x \_\_\_\_\_ Date: \_\_\_\_\_



Tri-State CheerNastics Inc.  
(302)-322-4020  
1-M King Avenue  
New Castle, DE 19720  
www.tristatecheernastics.com

## Debit & Credit Card Authorization

I (we) hereby authorize Tri-State CheerNastics, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payments to my account at Tristate CheerNastics/Tristate Athletics. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

### Gym Fees:

Accounts will be debited on the first of each month June through May for monthly gym tuition fees. The primary card on file will be debited on the first of each month June through May for the monthly gym tuition. If the primary card does not process for any reason, the secondary card will be processed for the monthly gym tuition fees. A \$15.00 late fee will be applied to the account for any fees not paid by the 5th of each month.

### Fixed Fees:

Fixed fees are to be paid in person by the 15th of each month July through December. If your fixed fee is not paid by the 20th of the month, a \$15.00 late fee will be applied and the card below will be charged the outstanding amount.

### Account Updates:

It is the responsibility of each individual to update their account information on file in writing, as often as needed.

**Athlete's Name** \_\_\_\_\_

### Primary Card Information

Name on Card: \_\_\_\_\_ Type of Card: \_\_\_\_\_VISA \_\_\_\_\_MC \_\_\_\_\_AXP \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### Secondary Card Information

Name on Card: \_\_\_\_\_ Type of Card: \_\_\_\_\_VISA \_\_\_\_\_MC \_\_\_\_\_AXP \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



# Tristate Athletics 2017-2018

	Annual Registration Auto-Debit	Uniform Fee Uniform (1 Payment) Paid in Office	Monthly Tuition Gym Fees Auto-Debit	FIXED FEES Pay in full & save, or 5 monthly payments (see payment schedule)	
				Paid in Full	Paid in Office 5 Month Installments
TINY PREP	\$35.00	Sept 15th \$140.00	\$40.00 Aug. \$75.00 Sept-Mar	Sept 20th \$500.00	Sept 20th \$105.00 Oct 20th \$105.00 Nov 20th \$105.00 Dec 20th \$105.00 Jan 20th \$105.00