

ROCKSTAR CHEER RHODE ISLAND EVALUATION PACKET 2021-2022

Are you ready to ROCK with us? We need some information to get started. Please fill out completely. Athletes will not be placed on a team if information is missing, or payment is not received.

ATHLETE FIRST NAME:	ATHLETE LAST NAME:
ATHLETE BIRTH DATE:	PARENT EMAIL:
MOTHER'S NAME:	FATHER'S NAME:
PARENT PHONE #:	EMERGENCY PHONE #:
ADDRESS:	CITY:
STATE:	ZIP CODE:

Do you wish to be considered for 2 teams? Yes: _____ No: _____

- ❖ Double teaming has many benefits. Gym time is almost doubled, and an athlete has the opportunity to advance quicker as well as the advantage of being able to take on more than one role in a single season.
- ❖ \$20 additional monthly tuition along with crossover competition fees will apply.

Rockstar Cheer Rhode Island tuition is based on a 12-month year. Some months will include more instructional hours than others. Vacations and breaks are built into this schedule as are extra practices and some routine camps. Regardless of the number of instructional hours, the tuition remains the same. This fee is the price monthly to be a member of Rockstar Cheer Rhode Island. Tuition is due on the 1st of every month. If not paid by the 5th, a \$25 late fee will be applied.

Rockstar Cheer Rhode Island must be your extra-curricular *priority*. This is a team sport dependent on the 100% participation of all athletes. Your practices and competitions are *mandatory*. All events must be attended by all members. Parents can and are encouraged to travel with athletes on trips.

- ❖ Registration fee is non-refundable.
- ❖ Competition fees are non-refundable.
- ❖ In order to be placed on a team roster, registration fee must be paid.

I have read and hereby agree to follow all of the policies and procedures set by Rockstar Cheer Rhode Island.

Parent Signature: _____ Date: _____

Office use ONLY:

- Registration fee paid (\$60.00)
- Waiver & Medical Release
- Credit Card Authorization
- Terms & Conditions/Parent Promise

Release, Waiver and Indemnity

I, _____, (“Releasor”) the parent or legal guardian of _____ hereafter referred to as (“Student”) do hereby permit the Student to participate in programs, competitions, gymnastics, tumbling, cheerleading or any other physical activities while a student at Rockstar Cheer Rhode Island. By granting permission for “student” to participate in programs at Rockstar Cheer Rhode Island, I assume full responsibility for “student’s” personal safety and release Rockstar Cheer Rhode Island, its supervisors and employees from any and all liabilities that may arise due to any injury including death to “student” by reason of “student’s” participation in any activity at Rockstar Cheer Rhode Island or in which Rockstar Cheer Rhode Island is participating elsewhere.

In consideration of Student being permitted by Rockstar Cheer Rhode Island to participate in the above activities, Releasor agrees to the following terms and conditions:

- I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death.
- I declare “Student” has been seen by a physician and is cleared to participate in physical activities such as gymnastics, cheerleading and tumbling.
- I authorize Rockstar Cheer Rhode Island to use photographs, video and/or other likenesses of “Student” for use in Rockstar Cheer Rhode Island promotional materials or sales and waive any rights of compensation or ownership thereto.
- I understand Rockstar Cheer Rhode Island does not refund money for any reason.

RELEASOR HEREBY FULLY RELEASES AND FOREVER DISCHARGES Rockstar Cheer Rhode Island and each of their directors, officers, employees, agents, representatives and insurers, of and from any and all liability to Releasor for any damage to or loss of Student or Releasor’s property, injury or death arising directly or indirectly out of Student’s participation in programs, activities or use of Rockstar Cheer Rhode Island’s facilities, **INCLUDING ANY SUCH DAMAGE OR LOSS THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF Rockstar Cheer Rhode Island, WHETHER OR NOT SUCH DAMAGE OR LOSS ARE CAUSED OR CONTRIBUTED TO BY THE SOLE, GROSS OR CONCURRENT NEGLIGENCE, OMISSION, STRICT LIABILITY OR FAULT OF Rockstar Cheer Rhode Island AND WHETHER OR NOT CAUSED BY A PRE-EXISTING CONDITION.** RELEASOR FURTHER AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS Rockstar Cheer Rhode Island for, from and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys’ fees and costs of investigation), and actions of any kind or description, including claims or suits brought by Releasor or a third party (collectively “Claims”) (including any Claims which arise by reason of indemnification or assumption of liability contained herein for any damage to or loss of Student’s property and injury to or death of Student arising directly or indirectly out of Student being granted access or use of Rockstar Cheer Rhode Island Facilities or participation in programs and activities **INCLUDING ANY CLAIM FOR DAMAGE, LOSS, INJURY OR DEATH THAT IS CAUSED BY AN ACT OR OMISSION ON THE PART OF Rockstar Cheer Rhode Island, WHETHER OR NOT SUCH CLAIM FOR DAMAGE, LOSS, INJURY OR DEATH ARE CAUSED OR CONTRIBUTED TO BY THE SOLE, GROSS OR CONCURRENT NEGLIGENCE, OMISSION, STRICT LIABILITY OR FAULT OF Rockstar Cheer Rhode Island AND WHETHER OR NOT CAUSED BY A PRE-EXISTING CONDITION.**

This Release, Waiver and Indemnity shall be governed by and constructed in accordance with the laws of the State of Rhode Island (exclusive of any principles of conflicts of laws which would direct application of the substantive laws of another jurisdiction). Venue for any dispute which arises in connection with this Release, Waiver and Indemnity shall be in Kent County, Rhode Island.

I HAVE READ, UNDERSTAND AND EXECUTE THIS RELEASE AND ACKNOWLEDGEMENT:

Signature of Parent/Legal Guardian: _____

Printed Name: _____

Date: _____

Medical Information and Medical Release

Athlete Name _____ Birth Date _____

Address _____

Parent Email _____ Parent Cell Phone _____

Emergency Contact/Number _____ Relationship _____

Secondary Contact/Number _____ Relationship _____

Student's Physician _____ Phone _____

Does the student have any special medical conditions that we should be aware of? If so, please explain.

Any orthopedic conditions that will limit safe participation in any activity:

Contact Lenses _____ Asthma _____ Diabetic _____ Cardiac Problems _____

Medical Release: If it appears that medical treatment should be necessary due to an accident, we will attempt to contact the emergency contact listed. If we cannot get in touch with the emergency contact, then we need authorization to seek medical treatment.

I hereby authorize Rockstar Cheer Rhode Island to seek medical treatment for _____ in an emergency that may arise while he/she is on the Rockstar Cheer Rhode Island premises or in attendance at an associated event, competition, or trip.

Signature of Parent/Legal Guardian _____ Date _____

Medical Insurance Information

The undersigned certified that medical insurance covers the student while he/she participates in gymnastics/cheerleading activities at Rockstar Cheer Rhode Island.

Insurance Company Name _____ Policy # _____

Signature of Parent/Legal Guardian _____ Date _____

Credit Card Authorization Form

Please provide a CREDIT card to keep on file with Rockstar Cheer Rhode Island. Monthly tuition fees can be automatically drafted on the 1st of the month if chosen. If you have not paid your tuition by the 5th of the month, the card on file will automatically be charged. Should your credit card information change for any reason, it is your responsibility to update us!

Athletes Name: _____

Name on the card: _____

Type of card: _____

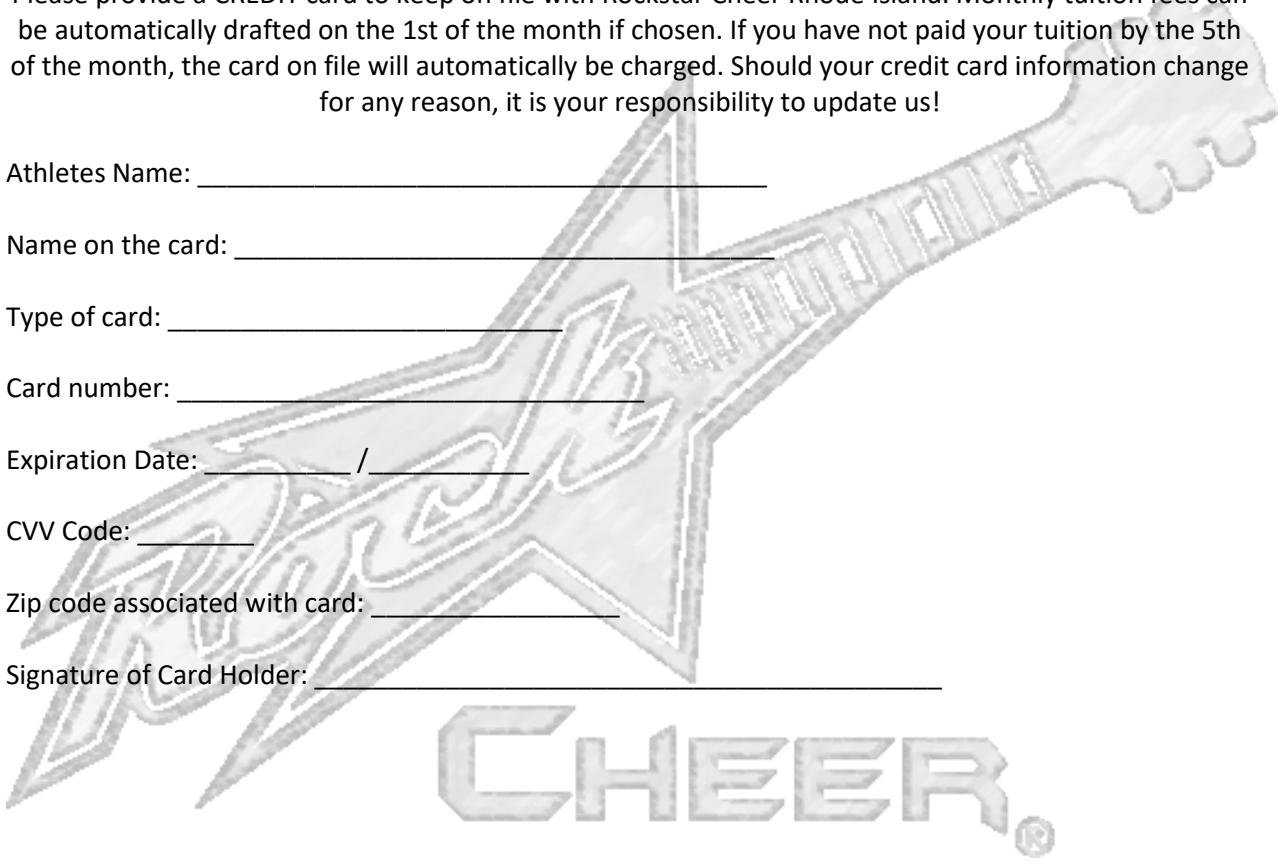
Card number: _____

Expiration Date: ____ / ____

CVV Code: _____

Zip code associated with card: _____

Signature of Card Holder: _____



Rockstar Cheer Rhode Island Terms & Conditions

Please initial and sign below:

Financial Terms

- ___ I understand that I **must** have a *credit card* on file. **No exceptions.** I understand if my tuition or fees are not paid by the due date, this credit card will be charged immediately.
- ___ I understand that if my credit card information changes, I will notify Rockstar Cheer Rhode Island immediately.
- ___ I understand that there **must** be a 30-day written notice to leave the program, and I understand that there is a non-refundable \$300 quit fee. Termination notices given to coaches or rock moms will not be accepted.
- ___ I understand that all tuition, & competition fees are non-refundable.
- ___ I understand that if I have an outstanding balance after 30 days, my child will be asked to sit out and a replacement will learn my child's position. I also understand that if I have an outstanding balance after 60 days, my child will be asked to leave the program (quit fee will apply).
- ___ I understand the no flight purchase or travel arrangements for an event will be considered for reimbursement.

Attendance Terms

- ___ I understand that competitive cheerleading is a team sport and that practice cannot be taken away from the athlete as a consequence for bad behavior at home or at school. Athletes should be able to handle school work and practices. Homework load is **not** an acceptable excuse for missing practices.
- ___ Athletes are only allowed 3 unexcused absences. Each absence must be excused at least 1 week ahead of time so that alterations to scheduling may be made if necessary, and I agree to follow the guidelines listed in the Rockstar Cheer Rhode Island Attendance Policy beginning September 1st through the end of the season.
- ___ I understand that practices may be changed or added at **any** time during the season.
- ___ I understand that if my athlete is on a team competing at Worlds or The Summit, **ALL practices in March, April and May are Mandatory. No EXCEPTIONS!**
- ___ I understand if an athlete is injured, a doctor's note is required for return to participation, *however*, until all required skills can be performed, it is at the coach's discretion to return athlete to the routine.

General Terms

- ___ I understand that threatening to quit or pull my child from a team will be grounds for immediate dismissal from the program.

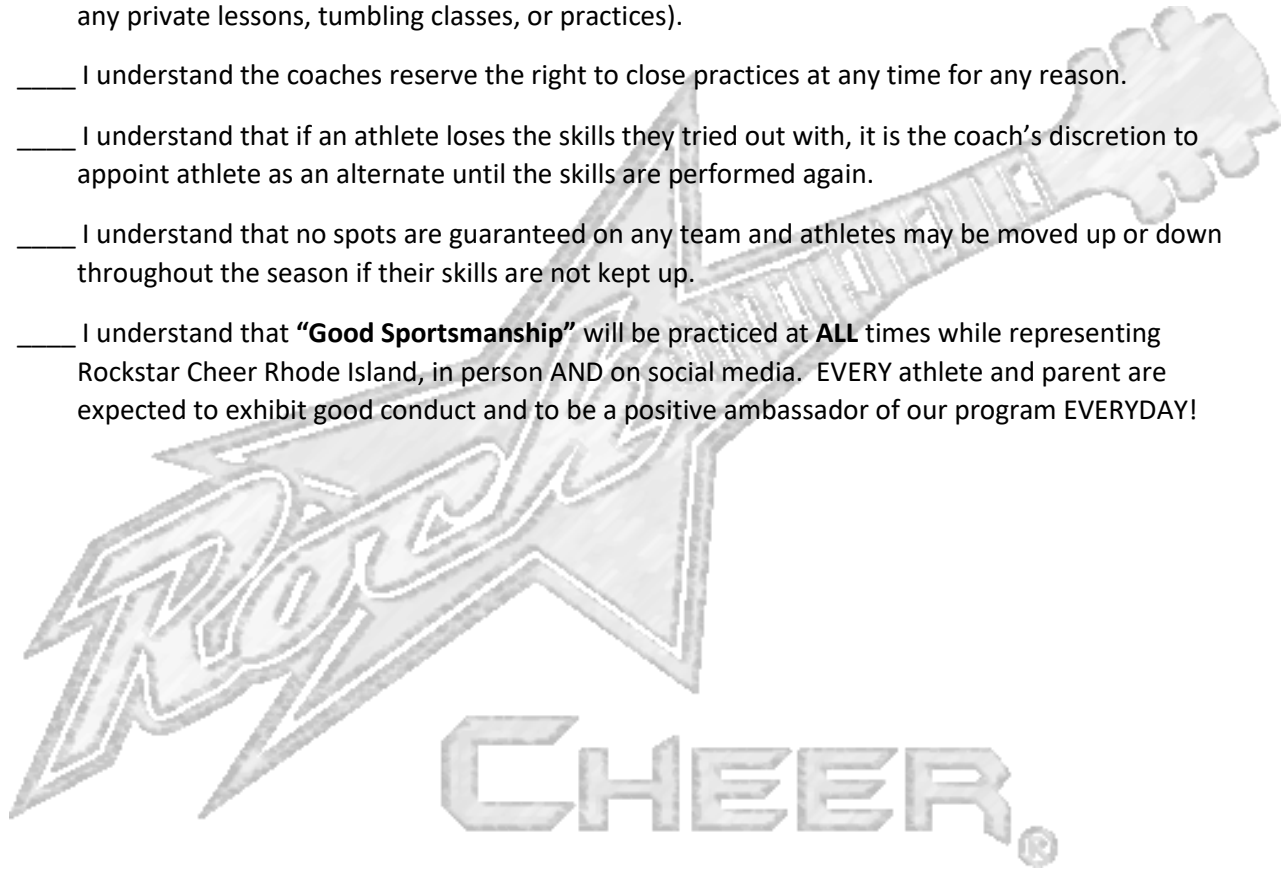
___ I understand that **ONLY** cheerleaders and coaches are allowed in the gym area (this includes during any private lessons, tumbling classes, or practices).

___ I understand the coaches reserve the right to close practices at any time for any reason.

___ I understand that if an athlete loses the skills they tried out with, it is the coach's discretion to appoint athlete as an alternate until the skills are performed again.

___ I understand that no spots are guaranteed on any team and athletes may be moved up or down throughout the season if their skills are not kept up.

___ I understand that **"Good Sportsmanship"** will be practiced at **ALL** times while representing Rockstar Cheer Rhode Island, in person AND on social media. EVERY athlete and parent are expected to exhibit good conduct and to be a positive ambassador of our program EVERYDAY!



Athlete Name _____

Athlete Signature _____

Date _____

Parent Name _____

Parent Signature _____

Date _____

Parent Promise

“I promise to cheer for your child as much as I cheer for mine. I promise to celebrate the achievements of my child without comparing them to others. I will strive to avoid gossip and do my best to speak positively about all athletes, coaches, and our program. I promise to do my best to remember that I am not the coach. If I have a question I will ask before I create my own perception. I promise to set a good example for my athlete. I understand that my athlete’s individual success is also related to the team success and I will do my best to not undermine the “team.” I make this promise to teach my child by example because the success of my child’s team and my child’s gym matters to me.” By signing this I agree to the above statement regarding myself and the athletes & families of Rockstar Cheer Rhode Island.”



Parent Name: _____

Parent Signature: _____