

Athlete's

Name: _____ Date: _____

Rock Starz forms checklist

_____ Handbook

_____ RS Temp Membership

_____ Athlete Constitution

_____ USASF Form

_____ Parent Commitment

_____ Payment Form

_____ Tryout Registration Form

_____ Sponsor Letter

_____ Tryout Payment Form

_____ RS Waiver

I have received and read through all of the documentation. I agree to uphold the guideline during the course of my participation with the Newtown Athletic Club Rock Starz All Stars Teams.

Your signature below indicates your agreement to these policies:

Parent's Signature and Date

Parent's Printed Name



Rock Starz Athlete Constitution

As an All-Star athlete, I agree to the following terms and team policies. I will first be verbally warned when breaking this contract, followed by a written complaint in the logbook. Three serious infractions of this contract will result in probation and/or dismissal.

Conduct:

- All athletes will act in a respectful manner at all times towards teammates, coaches and opposing teams.
- No negativity will be tolerated! All complaints will be logged. Serious or repeated problems will result in a meeting with both the athlete and the parents and possible probation or dismissal.
- Good sportsmanship must be shown at all team practices and competitions.
- **If at any time a athlete is found to have been involved in drinking alcohol or smoking of any illegal substances they are subject to immediate dismissal from the program.**
- Social Media: (Facebook, Twitter, SnapChat, and Instagram) When using any form of these social media outlets please be POSITIVE. Understand that anything you write or share can be read by many people. This can create potential issues and conflicts not only within our program but outside of it as well. It also can be a safety issue for strangers who have ill-advised intentions.

Policy:

- All athletes will be treated equally. No one member is more important than any other. We are a TEAM first unity is our goal!
- Respect is a necessity!
- All athletes are expected to act for the benefit of the team.
- 100 % effort is expected at all times! Extra work may be required to achieve desired results in certain areas (jumps, tumbling, stunts, motions, stretching). Practice at home if asked. If improvement has not been made to bring you up to the required level, you may be placed on probation.
- Athletes are expected to perform to the best of their abilities and challenge themselves.
- Quitting is not an option

Attendance:

We will begin practices mid-June and will practice once or twice a week depending on the team. Summer practices will continue until September when we will begin practicing 2-3 times per week based on the team. Additional

practices may be added the week prior to a competition, this will be determined by the coaches. We expect every athlete to attend ALL summer practices, however, our summer policy will be somewhat flexible to accomodate family vacations.

- Attendance is mandatory!
- Athletes need to be at practice 15 minutes prior to practice time dressed and ready to go.
- Lengthly illness and or injury will require a doctors note before being cleared to return to practice.
- Absences must be reported to the athletes coach as early as possible before their practice time.

Beginning in the fall each athlete will be allowed 3 unexcused absences before being dismissed from the program. There is NO EXCUSE for missing a competition. Missing a competition will result in immediate dismissal from the program. Attendance will be taken at each practice and the attendance policy will be strictly enforced.

- Upon the fourth unexcused absence: Dismissal from the program
- Three latnesses equal one unexcused absence.
- Two early departures equal one unexcused absence.
- No practice the week prior to competing can be missed. Athletes missing a practice the week prior to competing will be assesed a \$75.00 fee.

Stunting:

- A coach must supervise stunting at all times
- All members of the stunt group are equally important and must know their specific role for a stunt to be successful.
- USASF guidelines will be enforced in the areas of degree of difficulty and safety.
- SAFETY is priority!

Apperance and Attire:

- Tee-Shirts, tank tops, sports bra, shorts and sneakers should be worn to practice.
- No jewelery of any kind is permitted to be worn during practice.
- Hair must be away from face and in a ponytail.
- Nails bust be sport length.
- Full uniform needs to be worn to competitions, including socks and hair bow and must remain on until the end of awards.
- Competition hair style will be designated by the coaches.

Athlete Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____



Rock Starz Parent Commitment

The Rock Starz All Stars and Cheer parents are vital in helping their athletes maintain high sportsmanship, fulfill their commitment and keeping a positive attitude. Please read carefully and understand that you are making a commitment of time and financial resources. You are also committing to support our program. Please sign below stating you understand and agree to uphold all obligations.

1. I have read through the handbook, cost breakdown, description of practices, competitions, absences policy and all materials regarding competitive All Star at Rock Starz.
2. I understand that this is a 10 month commitment, and I will do everything in my ability to enable my athlete to participate in all practices, camps/clinics, and competitions throughout the season.
3. I understand this team is counting on my athlete to fulfill his/her responsibilities as a team member and will do all that is necessary to make sure my athlete is at practice on time and assure he/she does not need to leave practice early.
4. I will respect the coaches' authority in practices and competitions and will NOT question, discuss or confront the coaches during a practice or a competition. I will take the time to speak with the coaches at an agreed upon time and place.
5. I agree to let the coaches do all of the coaching and to be a "spectator only" at practices and competitions.
6. I understand that all competitions and the practices one week before that competition are mandatory and that no absences are allowed for any reason other than illness or emergency. I agree to provide a doctor's note if requested by the coach/director. I understand that there will be a \$75.00 fee incurred for any absences during this time period.
7. I understand that if my athlete does not finish the cheer season for any reason I will be responsible for: (1) the tuition for the remainder of the season (2) any fees that have not been paid up to the date of resignation and (3) resignation must be submitted in writing and completing the termination form.
8. I will be a positive role model for my athlete and will encourage sportsmanship by showing respect, courtesy and demonstrating positive support for all athletes, coaches, and spectators at every practice and competition.
9. I will be the #1 fan of Rock Starz All Stars.

Parent Signature: _____

Date: _____

Athlete's Name: _____

Date: _____



ROCK STARZ TEAM MEMBER INFORMATION

(Please Print Clearly)

2019-2020 Tryouts

NAME: _____

DATE OF BIRTH: ____/____/____ **AGE AS OF AUG.31, 2019:** ____ **GRADE:** ____

ADDRESS: _____

ATHLETE'S CELL: _____

PARENTAL CONTACT EMAIL ADDRESS: WHERE DO YOU WANT TO RECEIVE INFORMATION? EMAIL SHOULD BE CHECKED DAILY AND IN WORKING ORDER.

EMAIL ADDRESS: _____@_____

EMAIL ADDRESS: _____@_____

SCHOOL ATTENDING IN SEPTEMBER 2019: _____

Please list any conflicts you may have during the summer months. Include day & times:

Please list any conflicts you may have in the fall or winter months. Include days & times:

PLEASE LIST ANY SPECIAL CUSTODY ARRANGEMENTS:

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME:

CELL NUMBER: _____

FATHER'S NAME:

CELL NUMBER: _____

MEDICAL INFORMATION

MEDICAL CONDITIONS: (please include asthma & any recurrent injuries.

INSURANCE INFORMATION:

INSURANCE CO: _____ POLICY

*All cheerleaders are required to be covered by personal medical insurance. Please let us know if you do not have medical coverage.

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

DISCLAIMER

I/WE THE PARENTS OF _____ DO HEREBY PERMIT THE NAMED STUDENT TO PARTICIPATE IN TUMBLING, CHEERLEADING OR OTHER PHYSICAL ACTIVITIES WHILE ATTENDING ROCK STARZ ALL-STAR CHEERLEADING. BY GRANTING PERMISSION FOR SAID STUDENT TO PARTICIPATE IN PROGRAMS AT ROCK STARZ, I/WE ASSUME FULL RESPONSIBILITY FOR SAID STUDENT'S PERSONAL SAFETY AND RELEASE ROCK STARZ, ITS SUPERVISION AND EMPLOYEES, WHETHER PAID OR VOLUNTEER, FROM ANY AND ALL LIABILITIES THAT MAY ARISE DUE TO PARTICIPATION IN ANY ACTIVITY AT THE ROCK STARZ GYM OR IN WHICH ROCK STARZ IS PARTICIPATING ELSEWHERE. **INITIALED:** _____

I/WE UNDERSTAND THAT 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: **INITIALED:** _____

I/WE DECLARE THAT THIS STUDENT HAS BEEN SEEN BY A REGISTERED PHYSICIAN WITHIN THE PAST YEAR AND HAS BEEN CLEARED TO PARTICIPATE IN PHYSICAL ACTIVITY INCLUDING TUMBLING & CHEERLEADING. **INITIALED:** _____

I/WE UNDEstand AND AGREE THAT THERE ARE NO REFUNDS IF THIS ATHLETE DOES NOT COMPLETE THE ROCK STARZ SEASON. A TERMINATION FORM IS REQUIRED TO DISCONTINUE BILLING. **INITIALED:** _____

PARENT SIGNATURE:

(Athlete may sign if 18 years of age).



Rock Starz Tumbling Waiver 2019

ATHLETE NAME: _____

DATE OF BIRTH ____/____/____ **AGE AS OF AUG.31, 2019** ____ **GRADE** ____

MOTHER'S NAME _____ **CELL#** _____

FATHER'S NAME _____ **CELL#** _____

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT:

(please include asthma & any recurrent injuries)

EMAIL ADDRESS:

*All cheerleaders are required to be covered by personal medical insurance. Please let us know if you do not have medical coverage.

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

NAME: _____ **PHONE:** _____

RELATIONSHIP _____

I/WE THE PARENTS OF _____ DO HEREBY PERMIT THE NAMED STUDENT TO PARTICIPATE IN TUMBLING, CHEERLEADING OR OTHE PHYSICAL ACTIVITIES WHILE ATTENDING ROCK STARZ ALL-STAR CHEERLEADING. BY GRANTING PERMISSION FOR SAID STUDENT TO PARTICIPATE IN PROGRAMS AT ROCK STARZ, I/WE ASSUME FULL RESPONSIBILITY FOR SAID STUDENT'S PERSONAL SAFETY AND RELEASE ROCK STARZ, ITS SUPERVISION AND EMPLOYEES, WHETHER PAID OR VOLUNTEER, FROM ANY AND ALL LIABILITIES THAT MAY ARISE DUE TO PARTICIPATION IN ANY ACTIVITY AT ROCK STARZ GYM OR IN WHICH ROCK STARZ IS PARTICIPATING ELSEWHERE. INITIALED: _____

I/WE UNDERSTAND THAT 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: INITIALED: _____

I/WE DECLARE THAT THIS STUDENT HAS BEEN SEEN BY A REGISTERED PHYSICAL WITHIN THE PAST YEAR AND HAS BEEN CLEARED TO PARTICIPATE IN PHYSICAL ACTIVITY INCLUDING TUMBLING & CHEERLEADING. INITIALED: _____

Parent
Signature _____ Date: _____

(if athlete is under 18 years of age)



120 Pheasant Run – Newtown, PA - 18940

(215) 968-0600

BILLING AUTHORIZATION REQUEST FORM

I, _____, authorize my bank or credit card to make my payment by the method indicated below and post it to my account.

Bank Name _____

Checking Account # _____ Routing # _____

PAYMENT TYPE

Credit Card Type (circle one) Visa Master Card American Express Discover

Account number: _____

Name as appears on card _____

Billing Address _____

Expiration Date _____ Security Code _____

Account Holder Signature _____ Date _____

ADDITIONAL AGREEMENT FOR MEMBERS PROVIDING CHECKING ACCOUNT AS A METHOD OF PAYMENT FOR MEMBERSHIP DUES.

I understand that with my selection of a checking account for payment of membership dues that in the event that the billing is rejected by my bank, an additional charge of \$10 will be applied along with the monthly dues. The NAC will provide me with a written notice if there are any insufficient funds.

Payment of any uncollected monthly bill is due immediately in full, regardless of the cause, time lapse or termination status of your membership.

Account Holder Signature _____ Date _____



Temporary Membership

120 Pheasant Run – Newtown, PA - 18940

(215) 968-0600

Membership # _____

(Athlete's) First Name _____ Last Name _____ DOB _____

(Parent) First Name _____ Last Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Cell # _____ Home # _____ Emergency Contact _____

Email _____ Registration Date _____

Important Information, Please Read & Initial

Summer and Temporary memberships, enrollment fees, initial membership payments, choreography and music fees are non-refundable.

THERE ARE NO EXCEPTIONS TO THIS POLICY

Emp. Int. _____ Mbr. Int. _____

I (We) have read and agree to the policies stated on this membership application. I also agree to indemnify and hold harmless from liability the club, its officers, owners, directors, managers, coaches and lessons from any injury to my (our) body or property incurred while using any of the club's facilities. I fully understand that I am liable for my tuition/registration fee and monthly payment. If any payments are not paid when due, any remaining payments shall become immediately due and payable prior to initiating the cancellation of the membership.

Signature _____ Print Name _____ Date _____



Name

Address

Phone:

Cell

Home

Email

USASF REGISTRATION FORM

DOB

PARENTS

Name

Phone

Email
