

#Season 7



A-LIST ATHLETICS

2024-2025 TRYOUT PACKET

ATHLETE INFORMATION

NAME:

BIRTH DATE:

GENDER:

GUARDIAN INFORMATION

NAME:

RELATIONSHIP:

PHONE NUMBER:

ADDRESS:

EMAIL:

CROSSOVER CONSIDERATION

Being a crossover means that you would be placed on two teams. This is a big commitment, however can have great benefits. Please note the following when considering being a crossover:

- Your athlete's gym time will be doubled however we do not charge double tuition. There will be an additional \$25/month charge to be a crossover.
- Crossovers do have additional competition fees. You can choose to have this fee broken up and added to your 10 months of inclusive tuition or you can pay this in one lump sum that would be due 11/1/24.
- A fee of \$150 will be assessed if your athlete quits 1 of their 2 teams during the season.
- Selecting YES for crossover consideration does not guarantee that you will be placed on two teams.


YES, I WOULD LIKE CONSIDERATION TO BE A CROSSOVER

NO, I WOULD NOT LIKE TO BE A CROSSOVER

 401-320-8550

 info@alistathletics.co

 1350 Bald Hill Rd. Warwick, RI

 www.alistathletics.co

A-LIST SIBLINGS

A-List siblings do receive a discount on tuition. Please note below if you will have a sibling(s) on a full year team at A-List.

SIBLING:

RELATION:

SIBLING:

RELATION:

OFFICE USE ONLY

- Tryout Packet
- Registration Fee (non-refundable)
- Voided Check or Bank Form

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A - LIST ATHLETICS WAIVER / RELEASE

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 A-List Athletics. By granting permission for "student" to participate in programs at A-List Athletics, I assume full responsibility for "student's" personal safety and release A-List Athletics, 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 A-List Athletics or in which A-List Athletics is participating elsewhere. In consideration of Student being permitted by A-List Athletics 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 A-List Athletics to use photographs, video and/or other likenesses of "Student" for use in A-List Athletics promotional materials or sales and waive any rights of compensation or ownership thereto.
- I understand A-List Athletics does not refund money for any reason.

Releasor hereby fully releases and forever discharges A-List Athletics 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 A-List Athletics' facilities, including any such damage or loss that is caused by any act or omission on the part of A-List Athletics, 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 A-List Athletics and whether or not caused by a pre-existing condition. Releasor further agrees to indemnify, defend, and hold harmless A-List Athletics 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 A-List Athletics 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 A-List Athletics, 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 A-List Athletics 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,

GUARDIAN NAME (PRINT):

SIGNATURE:

DATE:

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A-LIST ATHLETICS EMERGENCY / MEDICAL INFORMATION

ATHLETE NAME:

DOB:

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DOES THE STUDENT HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? IF SO, PLEASE EXPLAIN.

MEDICAL RELEASE

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 A-List Athletics to seek medical treatment for _____ in an emergency that may arise while he/she is on the A-List Athletics premises or in attendance at an associated event, competition, or trip.

SIGNATURE OF LEGAL GUARDIAN:

DATE:

MEDICAL INSURANCE

The undersigned certifies that medical insurance covers the student while he/she participates in cheerleading/gymnastics activities at A-List Athletics.

COMPANY: _____ POLICY #: _____

SIGNATURE OF LEGAL GUARDIAN:

DATE:

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A-LIST ATHLETICS HANDBOOK AGREEMENT

FINANCIAL TERMS

- I understand that I must have a credit card stored on my iClassPro account.
- I understand that I must provide checking account information via voided check.
- I understand that if my tuition is not paid by the 5th of the month a late fee of \$30 will be added.
- I understand that if my tuition and/or fees are not paid by the due date, my method of payment on file will be charged immediately.
- I understand that if my credit card information changes, I will notify A-List Athletics and update it in my iClassPro portal.
- I understand that there must be a 30-day written notice to leave the program, and I understand that there is a non-refundable \$300.00 quit fee.
- I understand that if I am a crossover there is a non-refundable fee of \$150.00 to quit one team during the season.
- I understand that all tuition and fees are non-refundable and will not be prorated for any reason.
- 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 I must have a \$0.00 balance in order to receive uniforms/practice wear apparel.
- I understand I must have a \$0.00 balance in order to attend post season events.
- I understand I must have a \$0.00 balance in order to tryout for the following season.

ATTENDANCE TERMS

- I understand that competitive cheerleading is a team sport, and that practice cannot be taken away from my athlete as a consequence for bad behavior at home or school. Homework load is not an acceptable excuse for missing practices.
- Athletes are only allowed 3 unexcused absences during the summer and 3 during the school year. Each absence must be excused at least 1 week ahead of time so that alterations to scheduling may be made if necessary. I agree to follow the guidelines listed in the A-List Athletics Attendance Policy.
- I understand that attendance in the 7 days prior to a competition is required to participate in the event.
- 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 in a post season event, ALL practices in March, April, and May are MANDATORY.
- I understand that 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 the athlete to the routine.

GENERAL TERMS

- I understand that it is mine and my athlete's responsibility to take care and keep track of all practice wear and uniforms for the entirety of the season. If pieces are lost or damaged, you are responsible for purchasing the replacement.
- 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 private lessons, classes, open gym, and practices)
- I understand that I must have my USASF registration complete by June 30th, 2024 in order to attend choreography.
- I understand that the coaches/owners reserve the right to close viewing for practices at any time.
- I understand that I cannot replicate the A-List Athletics logo without permission of ownership.
- I understand that "Good Sportsmanship" will be practiced at ALL times while representing A-List Athletics, 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!

By signing below, you verify that you have read the 2024-2025 All Star Handbook and agree to all of the terms and conditions listed above and listed in the handbook.

SIGNATURE:

DATE:

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A-LIST ATHLETICS
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 avoid gossip and 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 the A-List Athletics program matters to me."

**PROGRAM FIRST,
TEAM SECOND,
INDIVIDUAL THIRD**

SIGNATURE:

DATE:

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Level --- Tryout

A-LIST ATHLETICS

EVALUATION FORM

ATHLETE NAME:

BIRTH DATE:

AGE:

GUARDIAN NAME:

PHONE #:

TEAM & LEVEL
IN 23-24

OF YEARS IN
ALL STAR

TEAM/DIVISION/LEVEL GOAL FOR THE 2024-2025 SEASON

#1)

#2)

#3)

OTHER REQUESTS (LONG DISTANCE, RIDESHARE, ETC)

[Empty box for other requests]

THESE REQUESTS WILL BE CONSIDERED, BUT NO GUARANTEES ARE MADE

IF YOU HAVE BEEN ON A TEAM BEFORE, WHAT ROLE(S) DID YOU PLAY DURING STUNTS?

- Flyer
- Side Base
- Main Base
- Backspot
- Frontspot

WHAT IS THE HIGHEST LEVEL OF STUNTS YOU HAVE COMPETED?

- 1
- 2
- 3
- 4
- 5
- 6

CROSSOVER CONSIDERATION

(This should match how you answered on page 1 of your Tryout Packet)

- YES
- NO

OUR NOVICE/PREP TEAMS WILL **NOT** TRAVEL OUTSIDE OF NEW ENGLAND. PLEASE CIRCLE IF YOU WOULD LIKE CONSIDERATION FOR A NOVICE/PREP TEAM:

YES NO