



Tryout Checklist

- ✓ Signed Copy of Tryout Registration
- ✓ Completed Tuition Agreement, Student Athlete Information, and Dakota Spirit Release and Liability Waiver
- ✓ Check for Tryout Fee- \$50
- ✓ Check for Annual Registration Fee- \$100
- ✓ USASF Membership Application- **ONLY ATHLETES THAT ARE NEW TO ALL STARS**
- ✓ Headshot/School Picture- **ONLY ATHLETES THAT ARE NEW TO ALL STARS**

Reminders:

- In order for your athlete to be evaluated, we must have all of the items on the list.
- All tryout paperwork is due on Friday, May 12th.
- There is a \$10 charge for any paperwork that is not completed by Friday, May 12th.



The work is worth it! #DSforever

All Star Tryout Registration 2017

Tryout Fee - \$150 (\$50 + \$100 Team Registration Fee)

Tell us about yourself

Athlete's Name:

Age as of August 31, 2017:

Birthdate:

Upcoming Grade:

School:

Athlete Cell Phone:

Are you interested in being a Team Crossover? (practice/compete with two teams/additional fees apply)

Yes No

- Do you cheer for a high school competitive team?
- Has your high school coach explained any limitations of club cheer during the HS season?
- Will you be involved in any other sport teams/high school teams/activities?
- Is there anything that you foresee will conflict with team practice?
- Do you agree to cheer for any DS team you are placed on regardless of your own personal preference?
- Please list circumstances/reasons regarding any teams you are unable/unwilling to cheer for:

Current Tumbling Level/Skills:

Stunting Position:

Please list any Tryout or Team Conflicts preventing you from being at practice or participating fully:

Please read carefully and initial

----- Parent & athlete have read and agree to the 2017-2018 Athlete & Parent Handbook (posted online at www.dakotaspirit.com or you can request a copy to be emailed to you, robin.fritsch@dakotaspirit.com)

----- All Athletes must understand that misbehavior may result in probation and possible dismissal. Management reserves the right and discretion to revise and post new Rules at any time and such Rules shall be deemed part of the agreement between the student, the parents, and Dakota Spirit. Dakota Spirit reserves the right, in its sole discretion to determine whether violations of its Rules and Standards of Behavior have occurred and to determine in its sole discretion the appropriate consequences for violations of its Rules (including but not by way of limitation, termination, suspension, or probation and the exact terms and conditions thereof).

----- Dakota Spirit has the right to remove or suspend an athlete/parent based on attendance, conduct, skills, payment default, conflicts or violation of the Dakota Spirit Rules of Conduct or behavior by either.

----- I grant permission to Dakota Spirit to use photographs and/or video of child/parent.

----- I have read the Release & Waiver Agreement and I am aware of the risks of the sport.

----- I agree to a physical or concussion test if deemed necessary.

----- I agree to provide a medical clearance from a medical doctor before my child returns to practice following an injury.

Athlete Signature:

Date:

Parent/Legal Guardian Signature:

Date:

Check Amount:



All Star Tuition Payment Agreement

2017 - 2018

Office Use Only
Team

\$100 Registration Fee & \$50 Tryout Fee Due

Athlete's Name:

email:

Parent Responsible for Tuition Payments

Phone:

email:

Parent Responsible for Travel/Uniform Payments

Phone:

email:

All Star Team	Age (by Aug. 31)	Registration Fee	Option 1 Full Tuition Due 6/12/17	Option 2 10th of month Monthly Auto Withdrawal	Choreography Fee
Youth 1	11 & under	\$100	\$1200.00	\$125	\$250
Youth	11 & under	\$100	\$1225.00	\$130	\$325
Junior	14 & under	\$100	\$1225.00	\$130	\$325
Senior	10 to 18	\$100	\$1225.00	\$130	\$325

**Note: Travel/uniform/practice uniform/performance makeup/choreography fees are separate. Further details at All Star Parent Meeting. Any insufficient funds are subject to \$30 late fee.*

Tuition Payment Options (please indicate option)

_____ **Option 1:** Full Tuition Payment Option Due by June 12th **savings void after this date*

_____ **Option 2:** 10 monthly Auto Withdrawal (June - March) **April payment for Summit is additional*

**Choreography Fee - Auto withdrawal rolled in June and July Travel Fees*

_____ I understand that my athlete's tuition payment must be made in full or through a monthly auto-withdrawal. Travel/choreography is separate.

_____ **Credit Card Option:** You may pay in full with credit card (Option 1 pricing). There will be a processing fee of 3.6% of amount paid.

I agree to the payment terms in this payment agreement. I understand the registration fee and all required forms are due in order for membership to be accepted. I understand automatic withdrawal will be on the 10th of the month for tuition and the 20th of the month for travel. I understand my child's participation is a commitment for the entire season and all payments are nonrefundable. If I choose to leave the program I understand I am obligated to give written notification and will be responsible for all costs including a \$200 drop fee. I understand I will be dropped from the program after 2 months if tuition is not paid. I understand I have 14 days after leaving the program to pay my balance in full. I understand there will be a \$30 charge for all insufficient checks or returned auto withdrawals. I understand if I choose to do fundraising, and leave the program for any reason, funds earned will be left in the account for general promotion of Dakota Spirit and student scholarships. I have read, understand and agree to the above terms and all costs and payments required for participation in Dakota Spirit.

Signature:

Print Name:

Date:

Dakota Spirit Authorization for Automatic Withdrawal (Include voided check)

Person Authorizing Automatic Payments:

Phone:

Monthly Tuition Amount:

Financial Institution:

Routing Number:

Account Number:

I hereby authorize Dakota Spirit, LLC to initiate electronic entries to my checking account for payments as indicated for _____ (athlete) for the season. I understand I am responsible for notifying Dakota Spirit in the event that I change my checking account to a different bank or account. Drafts will be made the 10th of each month beginning in June, 2017 for tuition and the 20th of each month for travel and continue each month until the completion of the season in March or until my account has been paid in full.

Signature:

Print Name:

Date:



Athlete Information

Athlete's Name: _____ DOB: _____ Age as of 8/31/17: _____

Grade 2017-18: _____ School: _____

Athlete's email: _____ Cell Phone: _____

Athlete lives with (check all that apply) Father Mother Step-Father Step-Mother Other

Insurance Carrier: _____ Policy #: _____ Policy Holder: _____

Family Doctor's Name: _____ Doctor's Phone Number: _____

Allergies: _____

Medications: _____ Purpose of medications: _____

Medications Dakota Spirit Staff has permission to give my child: _____

Please list all current & previous illness or injuries: _____

Current or past medical history: _____

Medical restrictions: _____

Concussion history: _____

My child has had a physical in the past year and is cleared for all athletic activities: _____

Parent/Guardian Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone (if different): _____

Cell Phone: _____ Work Phone: _____ Cell Phone : _____ Work Phone: _____

Place of Employment: _____ Place of Employment: _____

Email: _____ Email: _____

Primary Email for DS Communication: _____ Father Mother Other

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Dakota Spirit Release & Waiver of Liability, Assumption of Risk, & Indemnity Agreement

I, _____, have read, understand and agree to DAKOTA SPIRIT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, & INDEMNITY AGREEMENT on my own behalf and my child's participation in any and all Dakota Spirit Activities.

Printed Name of Athlete: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

DAKOTA SPIRIT RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

1. I _____ & my child _____ have read, understand and agree to the code of behavior for participants of Dakota Spirit as stated in the Dakota Spirit Parent & Athlete Participation Handbook (www.dakotaspirit.com).
2. As legal guardian/parent I fully understand that I am responsible for payment of expenses incurred relating to my child's/athletes medical treatment as a participant in the activities of Dakota Spirit, LLC.
3. I certify that Minor is physically capable and has no previous injuries that will affect participation in Dakota Spirit, LLC.
4. I hereby have been forewarned that participation in Dakota Spirit has the following non-exhaustive list of particular risks and injuries including but not limited to: sprains, strains, abrasions, dislocations, fractures, concussion, contusions, blisters, head and neck injuries, illness, and possible death.
5. Having been forewarned, I assume all risk and full responsibility in connection with Dakota Spirit and hereby release all instructors, staff, volunteers, practice and performance facilities, and others involved with Dakota Spirit from any injury that may befall my child. I understand and am willing to accept these risks to child/myself as a participant(s) of Dakota Spirit.
6. I understand that Dakota Spirit strives to provide the maximum in safety precaution & Athlete training.
7. I give permission for any medical treatment necessary in the event of illness or injury at practice, events, travel, competitions, or any event we participate in with Dakota Spirit. This includes emergency transportation.
8. I have provided accurate health information/medical conditions regarding my child and agree to notify Dakota Spirit staff in writing of any changes or conditions during her/his participation.
9. I have read, agree to, and fully understand the information and risks and agree to all payments required by Dakota Spirit.
10. I grant permission for my child to be photographed, videotaped, or interviewed for the website, publications or press.
11. I give permission for my child to participate in all DS events and am fully aware that I am responsible for my child.
12. I understand that a doctor's clearance is required for any lost time injury.
13. I understand I am required to provide written notice if my child drops from the program and that any balance on my child's account or payments due for tuition or travel, including all competition fees must be paid within 30 days.
14. I understand that if my child drops from the program after August 1, parent is responsible for all payments due and a \$200 drop fee.

Athlete/Parent: In consideration of participating in the Dakota Spirit, LLC program, I represent that I understand the nature of this Activity and that athletes is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Dakota Spirit, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parent Consent

AND I, the athlete's parent and/or legal guardian, understand the nature of the above referenced activities and the athletes experience and capabilities and believe the athlete to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the athletes account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the athlete, or anyone on the athletes behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Furthermore, I agree to the above RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT on my own behalf for any adult participation in any Dakota Spirit activities.

Printed Name of Parent/Legal Guardian:

Date:

Signature of Parent/Legal Guardian:

Date: