



# Athlete Checklist

## Step 1:

Complete the ATHLETE REGISTRATION forms including:

- ATHLETE INFORMATION
- ATHLETE RELEASE & WAIVER OF LIABILITY & ACCIDENT AGREEMENT
- PAYMENT AGREEMENT

## Step 2:

Return forms with registration fee and team practice shirt payment - \$85

## Step 3:

ATHLETE UNIFORM INFO

- Uniforms must be ordered by **September 1 or call for special appointment**
- Uniform sizing night at Dakota Spirit will be emailed to parents
- Uniform includes: top, skirt, hair bow, and make-up
- Provide your own white cheer shoes for practice & performances

## Step 4:

In preparation for practice

- Required Dress for Performance:  
WHITE cheer shoes, practice shirt, BLACK shorts, hair up, no earrings
- Practice and Performance Attendance is required. Notify coach with attendance conflicts

## CONTACT INFORMATION: 605.373.0414

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2018 - 2019

# Performance League Payment Agreement

\$65 Registration Fee + \$20 for Team Practice Shirt due with Payment Agreement

Office Use Only  
Received Date

Team: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ School: \_\_\_\_\_ Team: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Parent responsible for payment: Mother/Father/Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Performance League Payment Options

\$65 Registration + \$20 Practice Shirt is due with Registration form.

\_\_\_\_\_ Option 1: Full Payment Option Due by September 5  
(Discount for full payment)

Tuition: \$375 (Competition fees included)

\_\_\_\_\_ Option 2: Monthly Auto Withdrawal  
7 payments on the 5th of each month September-March

Must include voided check

Tuition: \$399 (Competition fees included)

Monthly rate: \$57.00

Current Age	Recommended Grade	Team
Age 3-5 <small>*as of 8/31/18</small>	Preschool	Embers
Age 5-12 <small>*as of 8/31/18</small>	K-6 <sup>th</sup> Grade	Firecrackers

### Please Note:

- Credit card payment requires an Admin + Credit Card Processing Fee
- If you have any changes to your payment agreement (credit card or bank account that need to be adjusted) there will be an additional fee per occurrence.

## Authorization for Automatic Withdrawal - you MUST include voided check -

I hereby authorize Dakota Spirit, LLC to initiate electronic entries to my checking account for payments as indicated for \_\_\_\_\_ (student) 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 5th of each month beginning in September, 2018 for tuition and continue each month until the completion of the season in March or until my account has been paid in full.

Person Authorizing Automatic Payments:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Did you attach your voided check?*

## Authorization

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. I understand that 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. I understand I will be dropped from the program after 2 months if tuition is not paid. I understand I have 30 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.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Athlete Information 2018 - 2019

## Athlete Information

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age as of 8/31/18: \_\_\_\_\_

Grade 2018-19: \_\_\_\_\_ Team Name: \_\_\_\_\_  All Stars  Rec  DLeauge  1/2 Season

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.

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: \_\_\_\_\_