



# ATHLETE CHECKLIST

2019 - 2020

SPARKLERS

## Step 1:

Complete the ATHLETE REGISTRATION forms including:

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

## Step 2:

Return forms with team practice shirt payment (\$20) - Total \$20

## Step 3:

ATHLETE UNIFORM INFO

- Uniform includes: top, skirt, hair bow
- Uniform Fitting Night: August 14 Open House/Registration Night, 7:00-8:30 PM or as arranged
- Provide your own white cheer shoes for practice & performances

## Step 4:

In preparation for practice

- Practice and Performance Attendance is required. Notify coach with attendance conflicts
- White Cheer shoes, low cut white sport sock that does not show, team uniform, hair bow, no jewelry, hair in high curly ponytail

## CONTACT INFORMATION: 605.373.0414

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All Star Team Director:  
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2019 - 2020

# SPARKLERS TUITION 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: \_\_\_\_\_

## Sparklers Fall Session Payment Options

\$50 Registration - WAIVED.

\_\_\_\_\_ Option 1: Full Payment Option Due by August 20  
(Discount for full payment)

Tuition: \$150

\_\_\_\_\_ Option 2: 2 Payments Due August 20 and October 1

Rate: \$80.00 for 2 payments

\_\_\_\_\_ Option 3: 3rd Party Payment

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

## Sparklers Winter Session Payment Options

\$50 Registration - WAIVED.

\_\_\_\_\_ Option 1: Full Payment Option Due by January 10  
(Discount for full payment)

Tuition: \$150

\_\_\_\_\_ Option 2: 2 Payments due January 10 and February 7

Rate: \$80.00 for 2 payments

\_\_\_\_\_ Option 3: 3rd Party Payment

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

**Please Note:**

- Payment Agreement changes during season will incur an additional \$15 admin fee for each change.
- \$10 late fee for any payments received past the 10th of the month.

## DAKOTA SPIRIT AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

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. Any changes to an auto-withdrawal account, will be assessed an account maintenance fee. Drafts will be made the 5th of the month for 2019 season and continue each month until the completion of the season in March or until my account has been paid in full.

Dakota Spirit Authorization for Automatic Withdrawal (Must include a new voided check for this season. \$10 admin fee will be billed to your account for missing voided check)

Person Authorizing Automatic Payments: \_\_\_\_\_

Monthly Tuition Amount: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ 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 student assistance. I have read, understand and agree to the above terms and all costs and payments.

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

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

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



2019 - 2020

# ATHLETE INFORMATION

## Athlete Information

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age as of 8/31/19: \_\_\_\_\_

Grade 2019-20: \_\_\_\_\_ School: \_\_\_\_\_ T-shirt size (indicate youth or adult): \_\_\_\_\_

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: \_\_\_\_\_ Epi Pen: Yes    No

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: \_\_\_\_\_

Current health status: \_\_\_\_\_

Please provide us with all information to help us plan for the athlete: (health/limitations/restrictions/special challenges/ atlantoaxial instabiilityh or any other concerns: \_\_\_\_\_

List any physical limitations or activities your child should not participate in: \_\_\_\_\_

What can we anticipate from your child's reaction to crowds, noise, new situations: \_\_\_\_\_

Concussion history: \_\_\_\_\_ Baseline Test Completed: Yes    No (Required for athletes 12 and older)

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

1. 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.
2. I certify that Minor is physically capable and has no previous injuries that will affect participation in Dakota Spirit, LLC.
3. 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.
4. I understand that Dakota Spirit strives to provide the maximum in safety precaution & Athlete training.
5. 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.
6. 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.
7. I grant permission for my child to be photographed, videotaped, or interviewed for the website, publications or press. I allow my child to be featured on Dakota Spirit social media channels.
8. I give permission for my child to participate in all DS events and am fully aware that I am responsible for my child.
9. I understand that a doctor's clearance is required for any lost time injury and return to participation including specific athletic restrictions for participation.
10. I understand I am required to provide written notice if my child drops from the program and I understand/agree to the drop terms of the tuition agreement for my child.

## Athlete and Parent Consent

Athlete/Parent: Athlete/Parent: In consideration of participating in the Dakota Spirit, LLC program or DSCP activities, I represent that I understand the nature of this Activity and that athlete 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.

Athlete Name: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_