

## STINGRAY ALLSTAR PREP 2020-2021 REGISTRATION PACKET

**ALLSTAR PREP PROGRAM:** Congratulations on choosing to become a part of the biggest and most successful Allstar gym in the country! We are delighted to have you here.

**COVID PROTOCOL:** We are doing everything in our power to keep this gym open and let these athletes continue to do what they love! All athletes will wear a mask upon entering the building and must wear them the entire time they are in the building (mask breaks provided). Athletes will hand sanitize upon entering and have temperature taken. Athletes may bring a bottle of water, personal hand sanitizer, and phone in the building. No bags, backpacks, or food allowed inside the gym. No parents are allowed in the building (there will be exceptions to this, i.e. Showcase and team viewings). Gym and surfaces are cleaned regularly.

Our Allstar Prep Program is designed to offer competitive Allstar cheer to athletes that are new to cheerleading, transitioning from Rec Cheer or Middle School, and it is a perfect way to see if your athlete is ready for our Full Year competitive Allstar program.

**REGISTRATION:** Please visit [www.stingrayallstars.com](http://www.stingrayallstars.com), choose Johns Creek, Parent Portal/Prep Evaluation. You will choose your day and time and pay your first installment of \$195.00 upon registration. Once registered, click on the Forms tab from the Home page, please print out the packet, fill it out and email completed forms to the office at [johnscreekoffice@stingrayallstars.com](mailto:johnscreekoffice@stingrayallstars.com). Do not forget to attach a photo to the Evaluation Form.

*\*PLEASE NOTE: The card that you use for your Assessment Fee will be the card that the system saves for all future auto billing.\**

**TUITION:** \$195.00 upon registration plus 4 additional payments of \$195.00 due by the 8<sup>th</sup> of each month starting in January 2021. All payments made to Stingray Sports Center.

**Plan for an additional 30 minutes before evaluation for your athlete to be fitted for practice gear.**

*Payment for practice wear is due when you place your order.*

**The deadline to order practice wear is Thursday, November 12th**

*Your athlete will be fitted for the uniform at a later date. The cost of rental for the uniform is included in your tuition. If you wish to purchase the uniform that will be an additional \$150.00. If not purchased, uniforms are turned in the week after the last competition.*

**COVID SPECIAL:** \$50 discount in January to anyone that participated in Half Year with The Stingray Allstars 2019-2020 season.

**Tuition includes:** all team practices, a reserved spot in a one-hour weekly tumble class, choreography, music, competition fees, team t-shirt, bow and uniform rental.

**Tuition does not include:** \$30.00 USASF fee (you will get instructions on how to pay this in January), practice wear, parent and family entry fees into competitions, travel expenses, etc.

**Mandatory items include:** briefs and sports bra to wear with your uniform and white cheer shoes. These items can be ordered from our Pro Shop, payment required when ordering.

**Optional Items include:** 2 practice wear outfits-two shirts, two shorts and a bow to match (last year's cost was \$69.00), Stingray backpack (while not mandatory, this is the only bag that can be carried at a competition). These items will also be available through Full Out Sports.

**BILLING:** Monthly fees will be billed to your Stingray account on the 1<sup>st</sup> of each month (Jan-April). Fees are due on/before the 7<sup>th</sup>, on the 8<sup>th</sup> any outstanding balance will be charged to the card that you provided. If you have any questions about your account, feel free to contact the office, 770-552-0700. ACCOUNTS MUST STAY CURRENT. Anyone with a past due balance will be removed from the team.

### IMPORTANT DATES:

**Wednesday November 11:** Evaluations to assess skills for team placement will be in two sessions.

Please only pick and attend one session. Session 1 will be 5pm-5:45pm, Session 2 will be 5:45pm-6:30pm. All evaluations are held in the [Johns Creek](#) gym.

**Practices start the week of 11/30:** All teams will practice 2 times/week Monday through Thursday 5:00-7:00, locations and days TBD

**November 23-27:** Thanksgiving Break, gym closed

**December 21-January 2:** Holiday Break, gym closed

**January 4, 2021:** practices resume

***WE DO NOT OBSERVE WINTER BREAK (we will have practice that week).***

**April 2-9:** Spring Break, gym closed

**Showcase** TBD

**Competition schedule** TBD (There will be one Competition on March and one in April)

There will be practices added, you will be notified of these as soon as the coach has determined those dates/times.

*There will be no Level 3 tumbling, back handspring is the highest tumble skill allowed on any team.*

**PARTICIPANT INFORMATION**

Stingray Sports Center  
4680 Morton Road  
Johns Creek, Ga 30022  
770-552-0700

**Mother/Guardian**

First: \_\_\_\_\_ Last: \_\_\_\_\_

**Father/Guardian**

First: \_\_\_\_\_ Last: \_\_\_\_\_

**Phone Number**

Mother/Guardian Cell: \_\_\_\_\_ Father/Guardian Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Billing Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email Address**

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

**Participant Information**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Birthday: \_\_\_\_\_

**Medical and Insurance Information**

Medical Insurance Provider: \_\_\_\_\_ Policy No./Group No.: \_\_\_\_\_

Provider Address/City/State/Zip: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Is the Participant currently being treated for any type of medical condition? YES or NO (circle one)

If "YES", please explain: \_\_\_\_\_

Is the Participant allergic to any known medications or suffer from any allergies? YES or NO (circle one)

If "YES", please explain: \_\_\_\_\_

YES or NO (circle one)

Is the Participant currently taking ANY medications? \_\_\_\_\_

Are there any other known medical issues or conditions that we should be made aware of?

YES or NO (circle one)

If "YES", please explain: \_\_\_\_\_

Please carefully read this entire form. This form must be completed in full, signed, and returned before your child may participate in any Activities (as defines below).

**PARTICIPANT AGREEMENT**

As parent or legal guardian of \_\_\_\_\_, a minor ("Minor"), and in consideration for Minor's participation in the cheerleading, dance and other activities and services, including, without limitation, travel to and from such activities, competitions, conferences, meetings, and other events that may require travel (collectively, the "Activities"), conducted and provided by STINGRAY SPORTS CENTER INC., a Georgia corporation; STINGRAY SPORT CENTER, LLC, a Georgia limited liability company; STINGRAY BRANDS, LLC, a Georgia limited liability company, and their respective affiliated entities, owners, agents, officers, employees, representatives, and all other persons or entities acting in any capacity on their behalf (collectively, "SA"), I AGREE AS FOLLOWS:

**I. Liability Release.** ON BEHALF OF MYSELF AND MY HEIRS, ASSIGNS, EXECUTORS, AND ADMINISTRATORS, I RELEASE AND FOREVER DISCHARGE SA FROM ALL CLAIMS, JUDGEMENTS, LOSSES, LIABILITIES, DAMAGES, COSTS, AND EXPENSES (COLLECTIVELY, THE "CLAIMS") OF ANY NATURE ARISING OUT OF OR IN ANYWAY RELATED TO THE MINOR'S PARTICIPATION IN THE ACTIVITIES WHETHER OCCURING ON THE PREMISES OF ANY SA LOCATION OR ANY OTHER LOCATION; I FURTHER AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS SA FROM AND AGAINST ANY AND ALL SUCH CLAIMS, INCLUDING, WITHOUT LIMITATION, ATTORNEYS' AND OTHER PROFESSIONALS' FEES AND COSTS. I understand that this release and discharge of Claims includes, without limitation, any Claims based on the negligence, action, or inaction of SA and covers personal and bodily injury (including death) and property damage, whether suffered by Minor before, during, or after participation in any Activities, and includes all Claims arising from the publication of use of any photograph, videotape, or narrative in any media. I acknowledge that SA makes no representations or warranties, either express or implied, regarding the condition or suitability of SA's or any other locations or equipment for the Activities. The laws of the State of Georgia shall govern this release and indemnity agreement.

**II. Medical Release.** I acknowledge and agree that Minor's participation in the Activities subjects Minor to the possibility of physical illness or serious injury (including death). I further acknowledge and agree that Minor is assuming the risk of such physical illness or serious injury (including death) by participating in the Activities. In the event of such physical illness or injury, I authorize SA to obtain necessary medical treatment for Minor and I release, hold harmless, and forever discharge SA from any Claims arising from or related to any physical illness or serious injury (including death) and to the exercise of this authority. I further acknowledge and agree that I will be responsible for any and all medical and related costs and expenses incurred by and on behalf of Minor for any such physical illness or injury.

**III. Appearance Agreement.** I understand that SA may from time to time produce promotional and other audio or visual materials and media relating to the Activities (the "Promotional Material"). I understand that, as a participant in or spectator of such Activities, Minor may be included in video recordings, audio recordings, photographs, and images taken during Activities for use in Promotional Material. THEREFORE, I HEREBY ASSIGN, TRANSFER, AND GRANT TO SA, WITHOUT RESERVATION OR LIMITATION, THE ROYALTY-FREE, EXCLUSIVE RIGHT TO USE SUCH VIDEO RECORDINGS, AUDIO RECORDINGS, PHOTOGRAPHS, AND IMAGES OF MINOR, AS WELL AS MINOR'S NAME, LIKENESS, PERSONAL AND DEMOGRAPHIC INFORMATION, VOICE AND APPEARANCE AS PART OF ANY PROMOTIONAL MATERIAL. IN GRANTING THIS LICENSE, I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE ANY SUCH PROMOTIONAL MATERIAL PRIOR TO PUBLICATION. I FURTHER AGREE THAT, UPON THE REQUEST OF SA, I SHALL IMMEDIATELY REMOVE OR TAKE DOWN ANY PROMOTIONAL MATERIALS THAT MINOR OR I HAVE UPLOADED OR POSTED TO ANY WEBSITE OR SOCIAL MEDIA PLATFORM (INCLUDING, BUT NOT LIMITED TO, FACEBOOK, TWITTER, INSTAGRAM AND YOUTUBE), OR IN ANY OTHER PUBLIC FORUM.

**IV. Confidentiality.** I acknowledge and agree that SA develops and creates unique and valuable proprietary dance routines, cheerleading routines, training techniques, and other intellectual property that are unique and valuable to SA and that may be used to prepare for and participate in competitive events (collectively, the "Intellectual Property"); I further acknowledge and agree that maintaining the confidential and proprietary nature of the Intellectual Property is of the utmost importance to SA and its competitive success. I understand that I may video-record, audio-record, photograph, or take other images of the Intellectual Property solely for my, Minor's, or Minor's immediate family's personal, non-commercial use; PROVIDED ALWAYS, HOWEVER, THAT MINOR AND I SHALL NOT POST OR UPLOAD ANY SUCH RECORDINGS OR IMAGES TO ANY WEBSITE OR SOCIAL MEDIA PLATFORM (INCLUDING, BUT NOT LIMITED TO, FACEBOOK, TWITTER, INSTAGRAM, AND YOUTUBE), OR IN ANY PUBLIC FORUM WITHOUT THE PRIOR WRITTEN CONSENT OF SA.

**V. Breach.** I ACKNOWLEDGE AND AGREE THAT ANY BREACH OR THREATENED BREACH OF SECTION IV OF THIS AGREEMENT WILL CAUSE SA IRREPARABLE INJURY FOR WHICH NO ADEQUATE REMEDY AT LAW IS AVAILABLE AND I CONSENT TO THE ISSUANCE OF AN INJUNCTION PROHIBITING ANY CONDUCT VIOLATING THE TERMS OF SECTION IV. I ACKNOWLEDGE THAT ANY VIOLATION OF THIS AGREEMENT BY MINOR OR BY ME MAY RESULT IN MINOR BEING SUPSENDED FROM OR PERMANENTLY EXPELLED FROM PARTICIPATION IN SOME OR ALL ACTIVITIES AND MY SUSPENSION FROM ATTENDING AND SPECTATING SOME OR ALL ACTIVITIES. I ACKNOWLEDGE THAT IN ANY CASE WHERE MINOR IS SUSPENDED OR PERMANENTLY EXPELLED FROM PARTICIPATION IN SOME OR ALL ACTIVITES, I WILL NOT BE ENTITLED TO ANY REFUND OF ANY AMOUNTS PAID FOR PARTICIPATION IN ANY CURRENT OR FUTURE ACTIVITES.

I have had sufficient time and opportunity to read this agreement. I have read this document in its entirety and understand it. Therefore, by affixing my signature below, I agree to be bound by the terms of this agreement.

**PARENT/GUARDIAN:**

**MINOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Allstar Prep  
Evaluation Form**

Everyone MUST turn in this completed form.

Cheerleader's Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

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

THE STAFF WILL USE THIS NUMBER/EMAIL TO CONTACT YOU WITH ANY QUESTIONS.

Athlete's Experience: \_\_\_\_\_

Last gym cheered with (for USASF registration): \_\_\_\_\_

**STAFF USE ONLY BELOW THIS LINE.**

Motions: \_\_\_\_\_

\_\_\_\_\_

Jumps: \_\_\_\_\_

\_\_\_\_\_

Tumbling: \_\_\_\_\_

\_\_\_\_\_

Flying Experience: Yes    No

Flexibility: \_\_\_\_\_

\_\_\_\_\_

LEVEL 1

LEVEL 2

LEVEL 3

Additional Comments:

**VERY  
IMPORTANT:  
PLEASE TAKE A  
4X6 PHOTO OF  
YOUR CHILD  
STANDING IN A  
DOORWAY AT A  
DISTANCE OF  
ABOUT 5 FEET.  
ATTACH PHOTO  
HERE.**

**Financial Commitment/  
Credit Card Information**

**Financial Commitment  
(Billing Authorization)**

I have read the Allstar Prep Registration Packet and fully understand my financial commitment to The Stingray Allstars outlined in this document. I understand that my commitment is for the 2020-2021 Allstar Prep competitive season. I understand that I am giving my credit card/debit card information and that information will be used if I do not meet payment deadlines to Stingray Sports Center.

I understand that I will forfeit any monies paid if I choose to leave a team or am asked to leave the program. I understand that I am entering into this program of my own free will.

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

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC code on back of card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_

Card Holder Cell Phone Number: \_\_\_\_\_

Card Holder Email Address: \_\_\_\_\_

**EVERYONE** is required to submit credit card/debit card information and to be on autopay.

*It is your responsibility to inform the office of any changes to this card.*

Monthly fees are billed to your Stingray account on the 1<sup>st</sup> of every month. Payment is expected on or before the 7<sup>th</sup>. This credit/debit card will be charged for any outstanding balance on the 8<sup>th</sup>.

By signing this page, you understand that you are committing to 5 payments of \$195.00 and your USASF fee.