Atlanta Allstars Half-Year Tryout Packet **2020-2021**

ATA Cheer
Half-Year Tryout Packet
2020-2021

Welcome to the Atlanta Allstars Competitive Cheerleading program!

We are excited that you have chosen to be a member of our ATA Family! Our program's mission is to provide a safe environment where children are able to grow and develop their interest in cheer, dance and tumbling. Every member of our coaching staff is USASF certified. This environment is geared to challenge each athlete through their developmental stages and progression in Allstar Cheerleading. Our policy is to offer a family-centered relationship with each member of our organization. You can count on not only being part of a team, but being a part of our BIG ATA FAMILY!

Sincerely,

ATA STAFF

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Section One - Monthly Costs

Total Costs for the 2020-2021 AllStar Season

GYM TUITION: This includes team practices (mandatory) and one tumble class

$60 Annual Registration Fee ($100 for two or more cheerleaders)
$140 monthly for 1 Child
$230 monthly for 2 or more Children

Optional Items:
Shoes - $100

COMPETITION FEES	1-Athlete	2-Athletes
Total	$1065.00	$2050.00

****The $1065 per cheerleader is paid over 5 months ($213 each payment December 15th through April 15th). These fees are made Payable to ACF (ATA Competition Fees Account).**

There are NO REFUNDS if anyone is asked to leave the program or quits a team.

I, _____, understand and agree to the financial commitment of participating in an ATA Half Year Team.

Parent Signature: _____ Date: _____

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Section Two
Important Dates

- December 4th — ATA Half Year Evaluations 6:00 P.M. to 730 P.M.
- December 6th — Teams will be announced (via email) by 10:00 P.M.
- December 7th — Team Practices Begin this week!!!
- Dec 21st-Jan 22nd — Gym Closed Christmas Break
- February 18th — Gym Closed Presidents Day
- April 4th-10th — Gym Closed for Easter and Spring Break

Competition Dates

Some teams may attend all or some of these and some teams may attend some competitions that are not listed below. We reserve the right to modify this schedule at any given time. We will have a confirmed schedule out as soon as all dates are available and we have researched all of our options. We will attend 3 competitions! Below are some dates that we are interested in! Please put these dates in your calendar as they are serious possibilities!

March 6th- Allstar Prep Nationals (Georgia International Convention Center)

March 20th- American Royale (Lake Point Sports Complex, Cartersville GA)

April 17th - Coastal Cheer and Dance (Six Flags over Georgia)

Parent's Initials _____ Cheerleader's Initials _____ Date____/_____/_____

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Section Three
Gym Dress Code

- The ONLY Dress code is to wear the right ATA practice uniform to each and every practice. NO EXCEPTIONS! If you forget your practice clothes, you will be given ONE warning, the second time, you will be conditioned and the third time your account will be charged for the full amount of replacement practice clothes. If you are not wearing the right practice attire, we will assume that yours is lost and that you needed a replacement.
- Sports bras should always be worn under the ATA practice clothes and uniforms.
- All cell phones and pagers must be turned off and left outside of practice area.
- **NO JEWELRY!** Wearing these items could result in serious injury to your child or to another child.
- Fingernails must be kept short. **No fake fingernails**. You will be asked to remove your nail tips if we see them at practice or at a competition. These can cause serious injury and scarring.

Competition Dress Code

- All cheerleaders **must** obey the following dress code at competitions.
- You may wear: uniform top and ATA Warm-up pants
- You may wear your Atlanta AllStar jacket at any time.
- You must wear the correct socks and shoes at all times (White No-Show Socks). You may **NOT** wear sandals, slip-on shoes or flip-flops. Cheer Shoes Only.
- Under no circumstances are you to wear any jewelry at anytime during a competition. This could result in your team being disqualified.
- Please follow the instructions given out at the last practice before each competition regarding hair and make-up.
- If you've already competed and have been dismissed from your team obligations at a competition, you may wear your Atlanta AllStar warm-up pants, Atlanta AllStar shirt, tennis shoes and jacket. You are still representing The Atlanta AllStar program, and must present yourself in such a way.

GOOD SPORTSMANSHIP, POLITE MANNERS AND A KIND DISPOSITION ARE MANDATORY AT ALL COMPETITIONS. THIS PROGRAM PRIDES ITSELF ON SETTING A HIGH STANDARD OF BEHAVIOR; PLEASE HELP US CONTINUE IN THIS ENDEAVOR.

Parent's Initials _____Cheerleader's Initials _____Date _/_____/_____

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Section Four

Tardiness and Absences/Attendance

- Please remember that being on an AllStar squad requires a time commitment on your part and that there are other team members counting on your attendance.
- Arrive early enough to practice to be 100% prepared to go on the floor at your scheduled practice time. Be prepared for your child to condition if he or she is late.
- Tardiness is defined by 5 minutes late to practice or leaving a practice early.
- Excessive tardiness and absences will result in dismissal from the team.
- Tardiness and absences from a competition will result in *immediate* dismissal.
- Please try to plan vacations or other activities during scheduled gym breaks.
- In this packet, there is an "Absence Request Form". Please fill it out as soon as you know your schedule and turn it in to the front desk. **Please understand that just because a form is filled out, it does not automatically make it an excused absence. The gym will notify you if any of your requests will be considered unexcused**. All last minute requests will be considered unexcused with the exception of death in the family or serious illness.

Section Five

Injuries

- Parents need to note that cheerleading is a highly competitive and dangerous sport. The stunts and tumbling could lead to injuries. These include but are not limited to; bruises, pulled and strained muscles, torn or strained ligaments, broken bones, dislocations, paralysis or even death. We at ATA take every precaution to limit these injuries from happening. Unfortunately, we cannot prevent them all. *In the event that your child is injured we will take every necessary step to ensure your child's well being.*

Section Six

Conditioning

- Allstar cheerleading is a very strenuous sport. Therefore, all of the athletes in our program are expected to be in the top physical shape. This includes flexibility, strength and endurance. If a team member is lacking in an area they could be asked to take a conditioning and/or a stretch class. You may be required to take an extra tumbling class or a jumps and motions class. All extra classes will be billed to your ATA ALLSTARS account.
- All team members are expected to take care of their bodies. **This means no drugs, no alcohol and no tobacco**.

Parent's Initials _____ Cheerleader's Initial _____ Date _____/_____/_____

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Section Seven –
General Information

If you ever have a problem, with anything, please do not hesitate to contact the gym. Our door is always open.

- No **GOSSIP** about any other team (AllStar or school). No **GOSSIP** about another team member in the parent room, parking lot, competitions, or any other time. You will be dismissed from our program if you are found to be doing this.
- No profanity or abusive language.
- All squad and routine decisions are always left to the discretion of the coaches. DO NOT try to communicate to your children through the glass or we will close the curtains. We reserve the right to close practices at any time during the season.
- Every year each team will go through losses and additions to their roster. The dismissal or addition of anyone is the coach's discretion and should NEVER be questioned. Your only concern is that of YOUR child only.
- Practices may be changed and/or added throughout the season with or without notice.
- Anyone threatening to quit or pull his/her child from a team will be dismissed from the program *immediately* and will not be welcome back.
- It is the parent's responsibility to know about schedule changes and competition schedules. Check emails and the ATA website regularly to ensure that you are receiving all of the most current information. Please make sure that we have a cell phone number for calling post messages.
- Practices and competitions are not to be used as punishment for your child's actions outside of the gym. You not only punish your child, but every other child and parent on that team.
- We will do our best to work with your extracurricular activity at school. However, if your extracurricular coach refuses to work with our mandatory practices or competitions, you will have to choose which activity you will continue.
- Each cheerleader must have a chaperone at every competition. It is not your coach's responsibility to be your child's chaperone.
- Parents, relatives, friends and cheerleaders are not allowed to speak with competition officials *for any reason or question the placement of any team.* You will be dismissed if you contact anyone from any competition hosting company.
- All cheerleaders and ATA families will show good sportsmanship at all times.
- No arguing or questioning the coaching staff's decisions at competitions.
- The Allstar Director may change, add or subtract any rule at any time.

Parent's Initials _____ Cheerleader's Initials _____Date_____/_____/_____

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Section Eight
Parents and Relatives

Only cheerleaders and coaches allowed in the practice area.

- No one is allowed to yell on to the floor or to speak to any team member or coach while practice is in session. *This is extremely distracting to all involved*.
- Please, do not gossip about other children on your team or another team. YOU WILL BE DISMISSED.
- Please, do not gossip about coaches or any other gym employee. YOU WILL BE DISMISSED.
- If you have any questions that need immediate attention please go to Stephanie. Do not discuss anything with other team parents.
- Please do not approach the coaches at any time during, before, or in between practices. Do not try to catch them in the hallway or parent room as they are walking through. This is disruptive and takes time away from the kids. PLEASE LET THEM COACH.

1) WE MUST HAVE A COPY OF THE CHEERLEADER'S BIRTH CERTIFICATE BEFORE TRYOUTS. PLEASE ATTACH A COPY TO YOUR TRYOUT PACKET.

2) YOU MUST FILL OUT AN AUTO-DRAFT PAYMENT FORM IN ORDER TO TURN IN YOUR TRYOUT PACKET. (EVEN IF YOU HAVE ONE ON FILE, WE NEED TO MAKE SURE THIS IS UPDATED INFORMATION).

We are looking forward to an outstanding season. Please help us by following the guidelines set forth in this packet. It is much easier for the coaches and cheerleaders to do their job when they do not have to worry about outside issues. When you have read and understood everything in this packet, please initial and date each page. *Fill out all forms in this packet*. Sign and date the "checklist" page and turn in to the office by October 25th (Evaluation Date). No incomplete packets will be accepted. Please be prepared to pay the $25.00 tryout fee when you turn in your packet.

Parent's Initials _____Cheerleader's Initials _____Date ____/_____/_____

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Absence Request Form

Date to be absent _____

Team_____

Reason For Absence_____

_____.

I, _____ am requesting to be absent from practice on the date above. I know that missing practice places complications and difficulties on the whole team. I also understand that an unexcused absence or continual excused absences can result in being placed in an alternate position or removal from the squad. I also acknowledge that by filling out this form, it in no way is an automatic excused absence. The gym will send written notification and a phone call if this is considered to be an unexcused absence. Excessive unexcused absences are reason for dismissal from any team.

Cheerleader Signature _____Date_____

Parent Signature_____Date_____

Notes (Office use only):

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ATA Allstars Tryout Form

Please fill out the bottom portion of this form completely.

Attach Photo Here

Name _____

Parent's Name _____

Age as of August 31st, 2020 _____

Birthday _____

Grade 2020-2021 _____

Phone Number _____

Parent Email Address _____

Emergency Phone Number _____

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GYM FEES ELECTRONIC PAYMENT FORM

Customer (Parent) Name **E-Mail Address** **Best Phone Number**

Billing Address (where statement is mailed) **City, State** **Zip**

CREDIT/DEBIT CARD AUTHORIZATION

Card Number **Expiration Date**

Card Type (Visa, M/C, Amex) **Card Security Code (3 or 4 digit)**

$140 monthly

PAYMENT AGREEMENT

I hereby authorize ATA to initiate debit or credit entries to my Checking/Savings/Credit Card Debit Card Account indicated above at the depository financial institution named above (hereafter called Depository) , or to the card account listed above; and to debit of credit the same such amount to such account. If this item is dishonored, I authorize an additional returned check/refusal of charges fee of $25.00(or legal limit) to be charged to this account.

I understand and accept that payment for services rendered by ATA is due on the 1st of any given month for services rendered for the following month while enrolled in the program. The above listed method of payment shall be charged for said months on the 1st of every month for the following month's charges. I understand that services may be denied or interrupted by ATA due to the refusal or denial of charges made on this account for any reason. The term of this agreement can only be discontinued by directing written notification to ATA by the 15th of the month to stop charges for the following month. If this amount is not paid by the 10th of each month, a late fee of $25 will be charged.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of securing Services provided by ATA. I indemnify and hold the Merchant Service Provider, the Depository, the company holding the above mentioned card account, and ATA harmless from damage, loss, or claim resulting from all authorized actions here under.

Consumer Name (Printed) **Authorized Customer Signature** **Date**

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Competition Fees Electronic Payment Form

I hereby authorize ATA to initiate debits to my Credit/Debit Card indicated below for the amounts and frequencies indicated below.

Amount to be Debited (Circle ONE)

1 child $1065 (5 payments of $213) **OR** **2 Children $2050 (5 payments of $410)**

Credit/Debit Card

Credit Card (circle): Visa MasterCard Discover

***Please note that the Competition Fees account does not accept Amex**

Card #:_____ Verification #: _____

Name on Card: _____ Expiry Date: _____

Billing Address_____

City: _____ State: _____ Zip: _____

This authorization is to remain in full force and effect for the number of payments authorized above or until ATA has received written notification from me of its termination, in such time and such manner as to afford ATA a reasonable opportunity to act upon it.

Name Printed: _____ Signature: _____ Date: _____

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General Information

Student Name	
Date of Birth	
Street Address	
Mother Name	
Father Name	
Mother Cell (Number called first)	
Father Cell	
Mother Email	
Father Email	

EMERGENCY INFORMATION

I hereby authorize ATA staff or anyone they designate to treat my son/daughter _____(athletes name) for injuries or illness that may occur while at a gym function. I authorize necessary medical treatment to any hospital designated by ATA or to their designate. It is understood the parents or their agents ill be called upon to give additional authorization if advanced treatments (MRI, lab tests, surgical procedures, etc...) are necessary. I am aware as a parent of the above participant that I will be responsible for providing proper insurance information to ATA prior to participation in any ATA programs.

INSURANCE

Insurance Carrier _____

Policy Number _____ Group Number _____

Family Physician _____ Phone _____

Emergency Contact _____Relationship _____Phone _____

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Release & Waiver of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")

In consideration of participating in the **cheerleading classes, including but not limited to, tumble classes, stunt classes, dance classes, private lessons, and competitions,** I represent that I understand the nature of this Activity and that I am 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 risk of serious bodily injury, including permanent disability, paralysis and death, which may be cause 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 "releases" name below, 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, costs, and damages I incur as a result of my participations in the Activity. I hereby release, discharge, and covenant not to sue **ATA**, 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 "releases" or otherwise, including negligent rescue operations, and I further agree that if, despite this release, waiver of liability, and assumption of risks I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless, each of the releases from any loss, liability, damage, or cost which any may incur as a result of the such claim.

We agree to pay ATA those fees charged for any class or team based activity. These fees will be due the first class of each month. Payment made after 15 days past the due date will accrue a $25.00 late fee, and will be applied to all unpaid accounts. There is a $25.00 fee for all returned checks. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance or any nature and intend it be a complete and unconditional release of all liability to the greatest extend 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.

Parental Consent

AND I, the minor's and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor 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 minor's 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 the release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss of liability, damage, or cost any Releasee may incur as the result of any such claim.

Medical Release

I grant Releasees permission to provide medical treatment for any injuries incurred during participation in the Activity, and do hereby release and hold harmless each of the Releasees from any claims, loss, liability, damage, or cost arising from such treatment. I hereby authorize ATA staff or anyone they designate to treat my son/daughter for injuries or illness that may occur while at a gym function. I authorize necessary medical treatment to any hospital designated by ATA or to their designate. It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments (MRI, lab tests, surgical procedures, etc...) are necessary. I am aware as a parent of the above participant that I will be responsible for providing proper insurance information to ATA prior to participation in any ATA programs.

Photography Release

I grant Releasees permission to use photographs taken during participation in the Activity, in a manner permitted by law, in printed publications, including, but not limited to, advertisements, both paper and electronic, event flyers, and our website located at www.atacheer.com, without notification not compensation of any kind.

Printed Name of Participant

Signature of Parent/Guardian

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ATA Cheer Checklist

The following items must be complete before turning in.

1. ATA 2020-2021 Half-Year Tryout Packet. Have you initialed and dated each page?
2. Have you made a copy of the entire package for your records?
3. Do you have a copy of the "Absence Request Form"? Make as many copies as necessary, keep a copy of each form turned in for your records.
4. Have you completed the ATA Registration Form? All cheerleaders must fill out the waiver, even returning cheerleaders. 5. Did you attach a copy of your daughter or son's Birth Certificate?
6. Have you filled out the "Tryout Form" and attached a picture of your athlete?
7. Have you filled out the "Payment Form"?
8. Do you have a check for the tryout fee? Make checks payable to ATA in the amount of $25.00. *This is a non-refundable fee*.
9. **Do you feel overwhelmed? If so, take a deep breath, it really will be okay!**

ATA
www.atacheer.com
770-888-4088

Parent Signature _____

Cheerleader Signature _____

Date _____/_____/_____