

# Cheer Academy All Stars

08 Competitive Season 09

## PURPLE DIVISION SIGN UP FORM

### Personal Information

Cheerleader's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent work phone: \_\_\_\_\_

Parent cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_, NJ Zip: \_\_\_\_\_

Candidate's Age on May 31<sup>st</sup>, 2008: \_\_\_\_\_ Candidate's grade for 2008/2009: \_\_\_\_\_

Emergency Contact Name and number: \_\_\_\_\_

### Prior Cheer Experience:

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### Religious Commitments for 2008/2009:

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### Attach Photo Here:

# DATES

**Tuesday, October 14<sup>th</sup> 7:30pm – 9:00pm**

**Tuesday, October 28<sup>th</sup> 7:30pm – 9:00pm**

**Saturday, November 1<sup>st</sup> 5:00pm – 7:00pm**

This season we will be offering a pre-season training camp instead of a formal tryout process. Athletes will learn proper technique and progressions during the training camp.

Athletes will be evaluated for team placement during the sessions. Tumbling, stunting, jumps, dance and motions as well as age will be considered factors in team placement decisions.

The cost for the entire pre-season training session is \$35\* per athlete. All interested purple division candidates must attend 2 sessions, but may attend all sessions for the same price. (Example: 2 sessions for \$35 or 3 sessions for \$35.)

Placements will be announced the week of  
November 3rd.

\*Athletes who tried out in May 2008 only pay \$10 for pre-season training camp!

# Pre Season Trainings

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## AGREEMENT

We are looking forward to an outstanding season. Please help us by following the guidelines set forth in this packet and the Cheer Academy handbook. Coaches and cheerleaders all agree to the same rules at the start of the season. It is the coach's obligation to enforce the rules as they are detailed in the handbook.

When you have read and understood everything in this packet and the handbook, please sign below signifying that you understand the commitment required and that you agree to abide by all rules and policies set forth by Cheer Academy All Stars.

**I, the undersigned athlete and parent, agree to abide by the rules and policies of Cheer Academy All Stars and the All Star Training Academy as outlined in the Cheer Academy Tryout Packet and the Cheer Academy Handbook. I further understand that if the athlete named below makes a team at Cheer Academy, it is a commitment that includes camps, practices, competitions and other activities that Cheer Academy deems necessary. I also understand that I am entering into an obligation that requires my full time and financial commitment. I, the undersigned, further agree and acknowledge that competitive cheerleading is a highly competitive sport and team members may be moved to a team that is better suited to their skill. I further understand that there will be NO refunds (competition fees, clothing costs, gym fees, etc.) to anyone who quits or is dismissed from the program. Anyone who leaves or is dismissed is immediately responsible for all debts, including but not limited to the full amount of yearly training fees, competition costs, hotel fees and legal fees.**

**Candidate's Name  
(Print)** \_\_\_\_\_

**Candidate's Signature** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Parent's  
Signature** \_\_\_\_\_

**NOTARY ENDORSEMENT:**

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## Absence Request Form

Date you will be absent: \_\_\_\_\_

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 continued excused absences can result in being placed in an alternate position or removal from the squad.

Cheerleader Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Notes (Office use only):**

Coach's signature \_\_\_\_\_

Excused \_\_\_\_\_ Unexcused \_\_\_\_\_

Form Returned to Athlete on: \_\_\_\_\_



# All-Star Training Academy, Inc. (ASTA)

## 08 Fall - Winter/Spring 09 Class Registration Form

### Session Begins September 2, 2008

V9-16-08

**How to Register:**

**STEP#1:** Read the class descriptions to determine the type of class you want to take and identify the appropriate class level.

**STEP #2:** Locate the time and day of the desired class and write this information in the spaces below – classes are 45, 60 or 90 minutes long and this is indicated by the number immediately following the class level – please include this information on registration form as indicated below.

**STEP #3:** Complete information requested on the back of this form.

**STEP #4:** Send this registration form along with a Medical Release Form and return via e-mail ([NJATA1@AOL.COM](mailto:NJATA1@AOL.COM)) or send via regular mail to ASTA 360 Milltown Road Bridgewater, NJ 08807. Any questions, please call 732-568-9555 or 1-877 NJCHEER between 10:00 AM and 2:00 PM.

**STEP #1:**

**Class Descriptions:** PRE-LEVEL 1: Basic tumbling skills are the focus – forward & backward rolls & handstands – introduction of cartwheels & round-offs.

LEVEL 1: Progression continues with handstands, cartwheels and round-offs being perfected – minimum requirement is a proficient forward & backward roll.

LEVEL 2: Progression continues with standing back handspring round-off back handspring – minimum requirement is a proficient round off and handspring drills.

LEVEL 3: Multiple round-off back handsprings & standing back handsprings – minimum requirement is a proficient, independent round-off back handspring.

LEVEL 4: Round-off back handspring-back tuck, layout and standing tuck – minimum requirement is a proficient, independent multiple back handsprings.

LEVEL 5: Combination passes, x-outs, twisting skills leading up to full and double twist – Minimum requirement is a proficient independent layout.

LEVEL 6: By invitation from the Director of Tumbling. : Class will help to improve strength and flexibility.

OPEN GYM: This session is intended for students who want to work on specific skills already taught and skills they can perform comfortably without a spotter. While this session is supervised it is not intended for instruction of new skills. *Open gym is not offered during the summer months.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00 AM						Level 2 Level 4
10:00 AM						Pre-School Level 1
11:00 AM						Pre Level 1 Older Level 1 Level 3
12 NOON						Level 4 (90)
4:00 PM	Level 2				Level 1	
5:00 PM	Pre-Level 1 Level 1 Level 2	Level 2 Level 3	Level 2 Level 3 Level 4	Pre-Level 1 Level 4 Level 5 (90)	Level 2	
6:00 PM	Level 3	Level 4 <u>(start 11-1)</u>	Level 4 (90)	Level 2 Level 3	Pre Level 1 Level 3/4	
7:00 PM	level 1	Level 2	Older Level 1 6:00 to 9:00	Level 2		
7:30 PM	Level 3 (90) Level 5 (90)		Level 4 (90) Level 5 (90)			
8:00 PM	Level 4	Level 3 Level 4	Level 3 (11-1 start)			

**STEP #2:** Locate the time and day of the desired class from the **Class Schedule** directly above and write this information in the spaces provided on page 2 of this form. Unless otherwise indicated with a (30), (45) or (90) notation – classes are 60 minutes long.

**STEP #3:** Complete information requested below, sign and date the ASTA Payment Agreement & Policies. Our EZPay automated payment method is easy and saves you the hassle of having to make your monthly payment. Simply give us your credit card information OR a voided check and the following amount will be charged to your credit card or electronically withdrawn from your checking account.

**STEP #4:** Complete *Medical Treatment Authorization and Liability Release Form* and return them along with this form to **ASTA**.

**CLASS TUITION CHART\*\***

Class Type	Tuition First Child	Tuition Second Child
45 Minute Class	\$55.00/month	\$52.00/month
60 Minute Class	\$73.00/month*	\$69.00/month
90 Minute Class	\$93.00/month*	\$88.00/month

**CLASS DISCOUNTS** (Discount does not apply to CAAS team members):

**Multiple Class Discount:** Take two classes and received a \$5.00 discount off your total monthly tuition rate (example: two 60 minute classes each month - \$73.00 + \$73.00 = \$146.00 minus \$5.00 = \$141.00/month).

**Multiple Child Discount:** A 5% discount will be taken off the monthly tuition for your second child. Pay regular monthly rate for first child.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Day #: \_\_\_\_\_ Evening/Cell #: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

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

Please include your e-mail address(es) for updates: \_\_\_\_\_

**Class #1** Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Length: \_\_\_\_\_ **Class #2:** Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Length: \_\_\_\_\_

**Class #3** Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Length: \_\_\_\_\_ **Class #4:** Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Length: \_\_\_\_\_

**All Absences require 24 hour notice in order to receive credit for a make-up class.**

**INITIAL PAYMENT:**

Non-refundable Annual Insurance/Registration Fee (AIRF)\*: (\$40.00) \_\_\_\_\_ \* + Class Tuition: \_\_\_\_\_ \*\* = Initial amount due.

*\*Non-refundable fee due annually and must be kept current – second child discount \$35.00 – preschool & Adult fitness classes is \$25.00/year.*

**\*\*TOTAL RECURRING MONTHLY FEE:** \_\_\_\_\_ Please select one payment option from below:

\_\_\_\_\_ Credit Card (CC) – please complete EZPay Membership form

\_\_\_\_\_ Electronically debit checking or saving account (ACH) – please complete EZPay Membership form

\_\_\_\_\_ Cash or check – I decline membership in the EZPay Program and fully understand that there will be a service charge of \$10.00 over the monthly tuition rates .

**ASTA Payment Agreement & Policies:**

**EZPay Program Agreement:** As the student or parent/legal guardian of \_\_\_\_\_, I understand that upon completing the EZPay Membership Form that I will be enrolled in this payment program. ASTA will make best business efforts to charge all monthly tuition rates by the 5<sup>th</sup> of every month but reserve the right to charge the agreed upon tuition rate anytime during the month. The EZPay Program will bill on a month-to-month rollover basis until the contracted service period ends or until a written cancellation request is received by ASTA. This cancellation notice must be received by the 20<sup>th</sup> of the month preceding the date of withdrawal from a class or program. Personal credit card or banking information is confidential and will not be available to anyone for any other reason.

**Cash or Check Basis:** If I do not take advantage of the EZPay Program, I will be charged a service fee of \$10.00 in addition to the monthly tuition rate for training. I understand that payment is due by the first class of each month and a \$10.00 additional late fee will charged if payment is received after the 10<sup>th</sup> of the month. The fee for any returned check is \$35.00 per occurrence.

**Absences, Make-ups, Attendance & Withdrawal from Class/Program:** I understand that all absences require a 24 hour cancellation notice and that the make-up must be taken within a month from the missed class. The same policy applies to make-up classes, if you do not show up and do not call you will forfeit the class. If class attendance falls below 4 members a 60 minute class will be reduced to 45 minutes and a 90 minute class will be reduced to 75 minutes. ASTA must be notified by the 20<sup>th</sup> of the preceding month if you or your child is planning to withdraw from a class or program. Failure to comply with this policy will result in a monthly tuition charge for that month.

**Medical Release & Insurance/Registration Fee:** I have completed the current *Medical Treatment Authorization and Liability Release Form* and paid the non-refundable annual Insurance and Registration Fee.

**Photo Release:** ASTA also has my permission to use photographs of myself or my child in advertisements to promote the gym or the services it provides.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_