



TRYOUT & EVALUATIONS APPLICATION

ATHLETE'S FIRST NAME

LAST NAME

STREET ADDRESS

CITY, STATE, AND ZIP

BIRTH DATE

AGE AS OF AUGUST 31, 2019

SCHOOL & GRADE

PHONE

EMAIL

Fall 2019

Do you want to be accepted to a(n): All-Star Elite All-Star Prep

Which level(s) are interested in being considered for? Level 1 Level 2 Level 3 Level 4 Level 5
Please understand that you must be true to your level, and meet the requirements for the level, in order to be considered.

Would you be interested in "double-teaming"? Yes No

DESCRIBE ANY MEDICAL PROBLEMS OR INJURIES

Please list to who the participant may be released in case of an emergency and the parents cannot be reached:

NAME RELATION CELL#

NAME RELATION CELL#

MEDICAL INSURANCE POLICY#

TREATMENT / PUBLICITY / LIABILITY RELEASE

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Desert Elite Mavericks All-Star Cheerleading at their own risk and will not hold Desert Elite Mavericks coaches, staff, and/or instructors liable for any and all injuries that may occur while participating in the cheerleading. The undersigned does hereby grant Desert Elite Mavericks and its successors, the unrestricted right to use the undersigned's name, likeness, or appearance on any cheerleading or dance camp posters, calendars, photographs, try-out flyers, video material, film material, computer software, computer hardware, electronic on-line services, or other similar promotional material in any form, content or medium to promote or market Desert Elite Mavericks program. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Desert Elite Mavericks All-Stars of the undersigned's name, likeness or appearance.

(Participant if 18 or older) Parent's Signature: Date:

OFFICE USE ONLY: TEAM POS. #

ATHLETE SKILL LEVEL (For Coaching Staff to complete):

Table with 5 columns for skill levels (1-5) and rows for TUMBLING, STANDING, RUNNING, STUNTS, JUMPS, BASE, FLYER, BACK.



**DESERT ELITE MAVERICKS**  
Competitive All-Star Cheerleading

Athlete's Name \_\_\_\_\_

Athlete's email: \_\_\_\_\_@\_\_\_\_\_.com

Athlete's cell # \_\_\_\_\_

Age as of **August 31, 2019** \_\_\_\_\_ Birthday \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
*\*NEW members must provide a copy of athlete's birth certificate & picture.*

School \_\_\_\_\_ Grade in **Fall '19** \_\_\_\_\_

***\*Please fill out completely & legibly*** \_\_\_\_\_

**Responsible Parent/Guardian**

Mother \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home # \_\_\_\_\_

Mother Cell# \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home # \_\_\_\_\_

Father Cell# \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_



**DESERT ELITE MAVERICKS**  
Competitive Cheerleading

*\*Please fill out completely.*

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**EMERGENCY CONTACT (other than parent):**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

*\*You must provide your own medical insurance to participate.*

- Member's medical insurance company \_\_\_\_\_
  - Policy # \_\_\_\_\_ Family Physician \_\_\_\_\_
- 

➤ Does your child have any allergies? \_\_\_\_\_  
If so, what kind? \_\_\_\_\_

➤ Has your child suffered from an injury or medical condition of any kind? \_\_\_\_\_  
If so, please explain \_\_\_\_\_

➤ Does your child have an ongoing, significant chronic illness or disease such as epilepsy, asthma, diabetes, chronic heart disease, or severe allergy? \_\_\_\_\_ If so, please explain \_\_\_\_\_

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**Treatment/Liability Release:**

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own medical insurance. I understand that cheerleading camps, competitions, practices, clinics, and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accidents preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Desert Elite Mavericks at their own risk and will not hold Desert Elite Mavericks, its Board, Boosters, Amy Grey, or any of its coaches or instructors liable for any and all injuries that may occur while participating in the program or after as a result of participation.

**Publicity Release:**

The undersigned does hereby grant Desert Elite Mavericks and its successors, the unrestricted right to use the undersigned's name, likeness, or appearance on any cheerleading or dance camp posters, calendars. Photographs, tryout fliers, video material, film material, computer software, electronic on-line services, or other similar promotional material in any form, content, or medium to promote or market Desert Elite Mavericks. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his/her agents, representatives or assigns, may have based on claims of the undersigned as to the rights of privacy, publicity, notoriety, or any other rights arising out of or relating to any use by the Desert Elite Mavericks of the undersigned's name, likeness, or appearance.

**PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_**  
**(Participant if 18 or older)**



## **PARENT / GUARDIAN AGREEMENT**

*\*Parent/Guardian - please read completely, **initial** each statement below, and sign.*

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I am signing my son/daughter \_\_\_\_\_ up to join the Desert Elite teams for the **2019-2020** cheer season. In doing so:

\_\_\_\_\_ I have read and understand ALL information stated in the **Parent / Athlete Program Policies Packet**.

\_\_\_\_\_ I have read the policies and understand that my role as parent/guardian is to assure that my athlete attend and arrive *on time* and prepared to all practices and events/competitions scheduled for my team. They should arrive in the required clothing and/or uniform.

\_\_\_\_\_ I understand that **withdrawal from the program, whether voluntary or involuntary, will result in a financial penalty (\$150 before choreography and \$600 after choreography)**. Voluntary withdrawal must be in writing. All balances due must be paid within 30 days of leaving the program. Failure to pay balance will result in account being sent to collections and/or small claims.

\_\_\_\_\_ I understand that there is **NO REFUNDS and fundraised money cannot be refunded**. I understand that tuition cannot be pro-rated for absences and/or early removal.

\_\_\_\_\_ I will set a positive example by showing good sportsmanship and respect towards all Desert Elite staff and coaches, athletes, parents, and competitors. I understand that my choices and behavior at the gym, competitions, and at events, can negatively affect my child's team and the program – which could ultimate jeopardize my child's position within the program.

\_\_\_\_\_ I understand that it is not my place to question and/or dictate the decisions of the coaches. I will do my best to avoid unnecessary "side-line" coaching and let the coaches do what they do best – coach.

\_\_\_\_\_ I understand that practices are closed to parents, unless prior consent is given by the director and/or coach.

\_\_\_\_\_ I will avoid negative talk about the team, program, and its athletes and coaches while at the gym, events, or competition venues. **I understand that if I am found to be the source of negativity, trash-talking, or creating problems I risk the chance of being asked to leave the program and my athlete being dismissed.**

\_\_\_\_\_ I understand that if I have any problem or concern, the team coach should be consulted during non-practice and non-competition times.

\_\_\_\_\_ I understand that verbally aggressive confrontations will not be tolerated in any situation towards any athlete, parent, or coach and will result in my not being allowed in the gym and possibly my athlete being dismissed from the program.

\_\_\_\_\_ I agree to fully and forever discharge and release Desert Elite Mavericks, its director, and any of its instructors or coaches from any/all foreseeable and unforeseeable injuries to myself and my child arising from his/her participation and presence at Desert Elite events, practices, and related activities, wherever and whenever they may take place.

In conclusion, I acknowledge having read and initialed each and every one of the individual statements in this contract. I have read the entire Packet and agree to comply with all Desert Elite rules and expectations. I understand that failure to comply may result in our removal from the program.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Participant if age 18 or older)**



## **ATHLETE AGREEMENT**

***\*Athlete- please read completely, initial each statement below, and sign.***

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I \_\_\_\_\_ am signing up to join the Desert Elite teams for the **2019-2020** cheer season. In doing so:

\_\_\_\_\_ I have read and understand ALL information stated in the **Parent / Athlete Program Policies Packet**.

\_\_\_\_\_ I have read the policies and understand that as a Maverick Athlete I am required to attend and arrive *on time* and prepared to all practices and events/competitions scheduled for my team. I should arrive in the required clothing and/or uniform.

\_\_\_\_\_ I understand that ALL planned absences must be submitted **at least two weeks** in advance of date on an "absence request" form and that generally, practices are mandatory. This includes school events and special events. PLEASE communicate to us regarding any scheduled, school-related event as soon as you are aware of it.

\_\_\_\_\_ I understand that not calling when I'm going to be absent is unacceptable and will result in a \$25 fee and may also result in my dismissal from the team if the problem becomes worse.

\_\_\_\_\_ I understand if I am going to be late, I must call or text my coach or the gym. \*Please program the gyms, your coaches, and Director Amy Grey's number into your cell.

\_\_\_\_\_ I will set a positive example amongst all Mavericks by showing good sportsmanship and respect towards all Desert Elite staff and coaches, athletes, parents, and competitors.

\_\_\_\_\_ I understand that it is not my place to question and/or dictate the decisions of the coaches. I understand that my coaches are professional, trained, and experienced and I will do my best to adhere to the rules and expectations set by them and the program.

\_\_\_\_\_ I understand that practices are closed to parents, siblings, friends, boy/girlfriends, unless prior consent is given by the director and/or coach.

\_\_\_\_\_ I will avoid negative talk about the team, program, and its athletes and coaches while at the gym, events, or competition venues. I understand that if I am found to be the source of negativity, trash-talking, or creating problems I risk the chance of being asked to leave the program.

\_\_\_\_\_ I understand that if I have any problem or concern, the team coach should be consulted during non-practice and non-competition times.

\_\_\_\_\_ I understand that as a Maverick, I am expected to take good care of myself by eating well and staying healthy. I am expected to avoid drugs and alcohol at all times. I realize that my choices and behavior outside of the gym reflect negatively on my team and the overall program. I understand that failure to comply with these expectations will result in removal from the team.

\_\_\_\_\_ I understand that rude, disrespectful, or disruptive behavior will not be tolerated. I will be counseled first, followed by a parent-member-coach meeting. If the behavior does not improve, I will be dismissed from the team.

\_\_\_\_\_ I agree to fully and forever discharge and release Desert Elite Mavericks, its director, and any of its instructors or coaches from any/all foreseeable and unforeseeable injuries to myself arising from my participation and presence at Desert Elite events, practices, and related activities, wherever and whenever they may take place.

In conclusion, I acknowledge having read and initialed each one of the individual statements in this contract. I have read the entire Packet and agree to comply with all Desert Elite rules and expectations. I understand that failure to comply may result in our removal from the program.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_



**ALL-STAR COMPETITION TEAMS  
FINANCIAL POLICIES & OBLIGATIONS**

**Monthly Tuition:**

- **Automatic withdraw payments** are processed on the first day of each month (from June 2019-April 2020) through your Visa or MasterCard credit card or check card.
- **ALL credit card charges are subject to a 2.5% user fee.**
- **For those paying via check or cash,** payment is due on the first week of the month. VENMO is also available.
- **Returned checks** will incur a \$25 service charge.
- A **Monthly LEVEL PAY** plan (of approximately \$350-400) can be arranged which will include all tuition, choreography, and competition fees for the year. This payment will be due by the first of every month. A final settlement payment MAY be needed at the end of the year to cover additional costs. Please let us know if you are interested in this option.
- A 5% discount is offered to athletes/parents for paying the entire year of tuition in advance. Entire payment must be received by June 1<sup>st</sup>, 2019 (*to receive the full payment 5% discount, payment must be by check or cash – no credit cards accepted*). **If you choose this option and leave the program before the end of the season, there will be NO REFUND.**

**Financial Agreement:**

- By signing below, I understand that tuition is due on or before the first of the month and there is a late fee of \$25 if paid after the first week of the month.
- I understand that the choreography fee, clothing, uniform/shoes, supplies, and competition fees are all additional costs that are due on their exact due dates and additional cost/fees may be involved if not paid on time.
- I understand and agree that as a parent signing the contract, I am responsible for the tuition, annual fees, uniform/clothing/supplies, choreography/music, and competition fees. **ALL fees are nonrefundable.**
- I further understand:
  - All clothing/uniforms require payment IN FULL upon order through Varsity. This is **nontransferable & nonrefundable.** Additional fees may apply if the uniform has to be ordered separately.
  - Athletes on multiple teams will be responsible for additional entry fees and related costs, beyond their first team.
  - We reserve the right to suspend and/or remove an athlete for failure to keep up with financial obligations.
  - There are **NO REFUNDS.**
- If I choose to remove my athlete or allow them to quit the team before the end of the cheer season, **I am subject to a \$600 withdrawal fee.** This is in addition to any outstanding balances that are payable upon termination of position. Failure to pay within 30 days will result in further collection and/or small claims court action.

I have read and understand the above financial policies and obligations of Desert Elite Mavericks. I agree to be responsible for all charges for the athlete and their participation.

Athlete Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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I understand and agree to allow Desert Elite Mavericks to charge the card and/or bank check card that I have provided below and as designated.

NAME on CARD: \_\_\_\_\_ Mastercard or Visa

ACCOUNT NUMBER: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Three-digit code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please charge my card listed above for all fees and tuition

Please charge my card monthly, according to the payment schedule.