

IMPACT Elite

Express All-Stars - All-Star Prep Program September 2021 – April 2022

IMPACT – Elite offers athletes that are not ready to make the leap into Express All-Stars an opportunity to compete & train under more strict guidelines with athletes that have the same motivation & goals.

IMPACT – Elite is a Tryout ONLY program. If we do not think your athlete is ready for IMPACT – Elite we will offer them a spot on one of our Half Year IMPACT teams.

IMPACT - Elite Team Information - Express All-Stars – All-Star Prep Cheer Program

<p>Practice days and times</p>	<p>Practices begin the week of September 6th, 2021 Exact practice days and times will be determined after team placement.</p>
<p>Tryout Fee & Registration Fee</p>	<p>Tryouts: May 24th, 25th or 26th 6:30-9pm (Only need to attend 1 Day) Register by May 24th, 2021 \$285 – Try Out Fee & September \$35 registration fee if needed</p>
<p>Monthly Tuition Includes</p>	<p>\$235 per month (October – April) This fee includes:</p> <ul style="list-style-type: none"> • Practice once a week, 1.5 or 2 hours each practice • Competition fees • Uniform Rental (Includes: top, skirt with built in briefs & bow) • Music Fees • Choreography Camp – TBD • One monthly tumbling class

For more information:

Call (214) 445-8833 or E-mail amy@expresscheer.com

www.whiterocktumble.com

What to expect in 2021 - 2022 at Express – IMPACT Elite

Competitive Pricing

Our pricing is the most competitive in the industry, with our customers receiving the most affordable and best programming without compromising our quality. Uniform rental and monthly tumbling class are included in the “all inclusive” payment plan. **We offer the BIGGEST sibling discounts!**

Uniform & Practice Wear

The uniform rental is included in the “all inclusive” pricing. Athletes will also receive one set of practice wear, which includes: sports bra, spanks and a t-shirt or tank. Practice Wear is \$60 and will be broken up into 3 payments (October, November, December).

Competitions:

COMPETITION SCHEDULE TO BE ANNOUNCED. IMPACT Elite will attend approximately 3-5 competitions, with one being Express Fest. Possibility of extra competition fees if cost exceeds the anticipated amount. **Events and Practices can be added, deleted, or substituted without notice.**

Facility and Safety

At Express we go above and beyond to assure the safest and most advanced training experience. We have multiple training facilities that offer a wide variety of training equipment. We offer spring floors, hard floors, training mats, and mirrors to help perfect each athlete’s every move. Our facilities are fully air conditioned/heated and we have multiple state-of-the-art sound systems.

Summer Training

We DO NOT require team training in the Summer months. However, we offer tumbling all Summer long along with a variety of other camps, clinics and training opportunities. We highly suggest training during the summer. This can be accomplished in classes, camps, clinics or one-on-one lessons.

Estimated Cost for a year as a Team member

Please note that the monthly fees include:
Team Practice Time, Competition Fees, Uniform Rental, One tumbling class per session, Choreography Camp and Music Fees.

**The August payment is due at the time of turning in the packet, along with the Registration Fee (if needed).
All payments must be made prior to signing up.**

**Tuition is due on the 20th of each month prior to the month you will be attending. For example, October’s tuition is due by September 20th.
All tuition payments are considered late on the 1st of the month and will be assessed a Late Fee of \$20.**

MONTH	1 st Athlete	2 nd & 3 rd Athlete
September + Try Out Fee	\$285	\$285
October + Practice Wear Payment 1	\$255	\$242
November + Practice Wear Payment 2	\$255	\$242
December + Practice Wear Payment 3	\$255	\$242
January + Competition Fees	\$335	\$222
February	\$235	\$222
March	\$235	\$222
April	\$235	\$222

- **Uniform Rental:** Uniform rental is included in the monthly tuition: top, skirt with built in briefs and a bow.
- **Shoes:** We suggest Chasse or Nfinity. Shoes must be white .
 - Each individual is responsible for obtaining their own shoes. www.nfinity.com or www.omnicheer.com
- **Additional Classes:** You may add additional tumbling or specialty class at a 10% discount per session per class.
- **Discounts:** Sibling Discounts Available

***PLEASE FILL IN THIS BOX WITH ANY CONFLICTING DATES OR VACATIONS:**

***This may affect your team placement. Anything not listed will be considered an absence and may be cause for removal from the team with no refund.**

Tryout Form



Please return the Tryout Form no later than May 24th, 2021 along with the \$285 September/Try Out Fee payment and registration if necessary.

If your athlete makes a team, but chooses not to accept the position, there will be no refund.

All fees may be made with one transaction.

Athlete's Name _____

Parent's E-mail _____

Athlete's E-mail _____

Athlete's Cell # _____

D.O.B. _____ (mm/dd/yy) BIRTH YEAR _____

Grade 2021-2022 _____ School _____

Check ALL tumbling skills you throw ON THE FLOOR & WITHOUT A SPOT		
STANDING	Standing SERIES TUMBLING	RUNNING
<input type="checkbox"/> Back Bend Kick-over <input type="checkbox"/> Back Walkover <input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Handspring	<input type="checkbox"/> Multiple Front/Back Walkovers <input type="checkbox"/> Multiple Back Handsprings	<input type="checkbox"/> Cartwheel <input type="checkbox"/> Round-off <input type="checkbox"/> Back Handspring
List any Specialty Tumbling Skills:		

Check your most advanced STUNTING skill level:

Level 1 – No experience or level 1 stunts, preps

Level 2 – Preps, Extensions, Straight Cradle dismounts and basket tosses

Level 3 – Extended one-leg stunts, full twisting two leg dismounts, single trick basket tosses

I am willing to cheer for any Express team, regardless of level. Yes No

Please Circle One:

I am willing to take an alternate position in my skill level

OR

I am willing to take a spot on a lower level team.

For office use only:

Amount paid: _____ Date paid: _____

CC: _____ CK#: _____ Cash: _____

Received By: _____

Payment Contract Agreement

Student's Name: _____

Parent's Name: _____

Phone Number: _____ E-Mail Address: _____

Home Address: _____ City: _____ State: __ Zip: _____

_____ (parent's initials)
I acknowledge that, under the terms of this Agreement, the above named student will be charged a registration fee once a year and all tuition will be payable on the 20th of each month prior. If fees are not paid on time, I acknowledge that late fees will be assessed and charge.

_____ (parent's initials)
It is also acknowledged that FAILURE TO TAKE LESSONS OR ATTEND PRACTICES WILL NOT RELIEVE ME OF ANY OBLIGATIONS TO PAY THE TUITON AGREED UPON, AND THAT NO REFUNDS OR MAKE-UP CLASSES FOR TUITON PAID SHALL BE MADE FOR NON-ATTENDANCE OR WITHDRAWAL. I further acknowledge that he/she will be required to pay for all practice wear, uniform pieces, trips and expenses not included in Express tuition.

_____ (parent's initials)
I acknowledge that should Express incur competition fees that exceed the anticipated amount, those fees may be incorporated into one or more of the existing monthly installments and I agree to pay said fees in addition to the program costs that have been laid out in this packet.

_____ (parent's initials)
I further acknowledge that under the payment plan, if I quit for any reason I may be responsible for additional fees.

_____ (parent's initials)
In addition, I understand by signing this page, I give Express the right to run the credit card on file for any outstanding balance on the 1st of each month, or for the cancellation fee of \$750.

_____ (parent's initials)
I understand that carrying a balance on my account, will hinder my athlete from taking additional classes or private lessons until team tuition has been paid. In addition, if monthly tuition is not paid by the 1st of each month, my athlete will be asked to sit out of practice until the account is current.

_____ (parent's initials)
I acknowledge the monthly tuition does not include any additional charges (late interest, penalties, unbilled attorneys' fees, etc.) upon signing this agreement, I agree to pay additional charges or fees which are incurred if it becomes necessary to collect the amount referenced in agreement.

_____ (parent's initials)
I understand that if any installment is late or missed, Express reserves the right to continue with the collections process and take whatever action is deemed necessary to recover the full amount of debt including but not limited to cancellation of this agreement and/or exclusion of your child from participation in all Express Cheer related activities.

Parent/Guardian Signature / /
Date

Participant Signature / /
Date

Authorization Agreement for Collections

_____ (Name) hereby authorize Express to automatically bill my credit card/bank account my athlete's monthly tuition and any and all fees associated with his/her classes/squad. All requested information is required. Each month, your credit card /bank account will be billed for the amount indicated and your charges will appear on your statement. Any athlete/parent who wishes to change or cease payments entirely from the automatic payment system **must notify Express in writing no less than 2 weeks prior to the automatic debit date**. All returned payments, declined credit cards, and or expired cards will result in a \$35 non-sufficient funds fee. It is the cardholder's responsibility to maintain the correct information. We acknowledge that the origination of transactions to our account must comply with the provisions of the U.S. law. **Please note that you are required to put both forms of payment on file.** You may check the type of payment you would like us to first process. Express reserves the right to process the second form of payment if your primary payment is declined.

Customer Information:

Name: _____

Athlete's Name: _____

Credit Card Information _____ Please use this as my primary payment.

Account Number: _____ Exp. Date: _____ Security Code: _____

Billing Address associated with credit card:

Town: _____ St: _____ Zip: _____

Bank Account Information _____ Please use this as my primary payment.

Name on Account _____

Name of the Banking Institution _____

Routing Number _____

Account Number _____

I authorize, Express Cheer to automatically charge my credit card on file in the amount due, each month. I understand that my payment is to be withdrawn on the 20th of each month prior.

Signature _____ Date: _____

Acceptance of Terms & Conditions

Please take a moment and read carefully to ensure that you fully understand the time and financial commitment required for Express. You will need to initial each section and sign at the bottom of the page.

_____ I understand that I will forfeit any monies paid if I choose to leave a team or are asked to leave the program. I also understand that I am entering into the Express program of my own free will. There are NO REFUNDS! Although historically we don't give refunds, for the 2021-2022 season we will pro-rate and/or give account credits, whenever we are unable to provide product and/or service or a product and/or service that is of equal value.

_____ You must advise your coach in advance if your child will be arriving late or leaving early from practices.

_____ If a student is injured or sick and not contagious, they are required to attend practice, not participate.

_____ Express athletes are required to attend all practices. If habitual absences occur; athletes may be removed from the team without notice and no refund will be provided. Also, please note that if an athlete misses practices the week prior to a performance, regional or local competition, and two weeks prior to a national competition it is at the discretion of Express and its coaches whether or not they perform.

_____ An excused absence is limited to mandatory school functions for a grade, school cheerleading, death in the family or contagious illness. All regional and national championships are mandatory for all team members. Missing practice for any other reason other than the four listed previously will also result in an UNEXCUSED absence. This includes, but is not limited to:

- ◆ Too much home work / studying (please plan ahead)
- ◆ Don't have a ride (again, please plan ahead)
- ◆ Work

_____ Express athletes are required to attend all competitions. Everyone will receive a competition schedule and if you cannot attend the competitions, then you should not join the team.

_____ Tuition does not pay for the right to perform. Individuals must meet the skill level requirements. Failure to pay tuition will result in an athlete sitting out of practice.

_____ It is understood that Express reserves the right to move your child to another team during the season and/or dismiss an athlete from any practice or remove them from a team if their behavior is deemed inappropriate. In the instance that an athlete quits or gets dismissed from a team, a \$750 cancellation fee will be processed immediately.

_____ Please be aware that inappropriate displays of behavior from parents can also result in removal of athletes from teams. This applies in all situations. Such situations include, but are not limited to: practices, performances and competitions.

_____ I understand that team practices cannot be made up and in the event that practices are cancelled or there are global or local events out of the control of Express All Stars or its subsidiaries, that limit our ability to provide services, I will be responsible for the duration of my contract and Express All Stars or its subsidiaries will do everything in their power to provide substitute services and to make each family/customer whole.

I, _____ (parent), understand, accept, and agree to all of the terms and conditions within the Express All Stars Evaluation Packet.

Signature _____ Date _____



ENROLLMENT APPLICATION

Check one: New Student Sibling Returning Student

PARENT/GUARDIAN INFORMATION (Person responsible for the account)

Mother/Guardian First Name	Mother/Guardian Last Name	Cell Phone Number	Allow Texting
Father/Guardian First Name	Father/Guardian Last Name	Cell Phone Number	Allow Texting
Mailing Address		Home Phone Number	
City, State, Zip Code		Email Address	

STUDENT INFORMATION (One Form Per Student)

Student's First Name	Student's Last name	Birth date	Age
Gender	Medical Conditions, Disabilities, Allergies, Issues, and/or Concerns		

CLASS REGISTRATION & FEES

Class #1		Start Date	
Class #2		Start Date	
Class #3		Start Date	
Class #4		Start Date	
Annual Enrollment Fee		1st Months Tuition	Regular Monthly Tuition

How did you hear about us? Friend Mailer/Flyer Ad Internet Other ***Please list your source below.**

Person(s) authorized to pick up child(ren): _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND MEDIA RELEASE

In consideration of the above named students/participants participating in the programs of Express All Stars, I represent that I understand the nature of the above enrolled activities and that I am or my children are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I or my children will immediately discontinue participation in the activities. I fully understand that these activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my or my children's own actions, or inactions, those of others participating in the activities, the conditions in which the activities take place, or the negligence of the "releasers" named below; and that there may be other risks either result or my or my children's participation in these activities.

I hereby release, discharge, and covenant not to sue Express, its respective owners, partners, 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 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 hereby approve, agree and release any photographs, video or audio recording ("MEDIA" herein) taken by employees or agents of Express that include a depiction of my child during activities held at Express or any public event that includes Express, for use in whole or in part, in marketing, social media and/or training material or any other form deemed acceptable by Express. I hereby release and discharge Express from any and all claims, damages or relief due to the use of such media. I hereby grant, assign and transfer to Express all rights and interest therein at no charge.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND MEDIA RELEASE, 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.

X _____ _____
 Parent/Guardian Signature Date

OFFICE USE ONLY	System Entry <input type="checkbox"/>	Follow Up Email <input type="checkbox"/>
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TEAM REPRESENTATIVE FORM

List All phone contacts where you can be reached ANY TIME!

NAME OF ATHLETE

DOB

AGE

NAME OF PARENT OR LEGAL GUARDIAN

MOM'S CELL PHONE

MOM'S E-MAIL

DAD'S CELL PHONE

DAD'S E-MAIL

ATHLETE'S CELL PHONE

ATHLETE'S E-MAIL

EMERGENCY CONTACT NAME & PHONE

Express All Stars Competition Release Waiver:

I, _____ (parent), parent of _____ (athlete, an Express All Stars athlete, explicitly allow _____ (athlete) to check in and out of off competition day activities without my presence. I also understand that if my athlete does not follow the process below for said activities, I will be required to be present at each check in and check out.

- 1) Athlete will check in with Team rep at the location and time provided in competition letter.
- 2) Athlete will check out with Team rep at the location and time provided in communication from Team rep.

Parent Print & Signature

Date

Athlete Print & Signature

Date

ABSENCE REQUEST FORM

NAME OF ATHLETE: _____ DATE: _____

TEAM: _____

REQUESTING TO BE ABSENT:

MONTH: _____ DAY: _____ TIME: _____

SCHOOL ACTIVITY: _____

VACATION/OTHER: _____

WILL YOU BE ABLE TO ATTEND ANY PORTION OF THE SCHEDULED PRACTICE?

YES - OR - NO

IS SO WHICH PART? _____

1. I KNOW THAT SCHOOL RELATED ACTIVITIES FOR A GRADE ARE THE ONLY EXCUSED ABSENCES.
2. I AM AWARE THAT MY ABSENCE CAN AND WILL AFFECT THE REST OF THE TEAM PRACTICE.
3. I KNOW THAT MY PARTICULAR STUNT OR STUNT GROUP WILL NOT BE ABLE TO PRACTICE AND ALL SPACING WILL AND FORMATIONS WILL BE AFFECTED BY MY ABSENCE.
4. I PROMISE TO LEARN ANY NEW OR CHANGED MATERIAL PRIOR TO MY NEXT PRACTICE.
5. I UNDERSTAND UNAPPROVED ABSENCES MAY JEOPARDIZE AN ATHLETE'S POSITION AS A PERMANENT MEMBER OF A TEAM.

ATHLETE'S NAME

PARENT'S NAME

ATHLETE'S SIGNATURE

PARENT'S SIGNATURE

COACHES NAME

COACHES SIGNATURE

APPROVED: YES - OR- NO

COMMENTS: