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REGISTRATION FORMS

ALL LEVELS



- WWW.ARIZONAELEMENTELITE.COM
- [/AZELEMENTELITECHEER](https://www.facebook.com/AZELEMENTELITECHEER)
- [@AZELEMENTELITE](https://www.instagram.com/AZELEMENTELITE)
- [@AZELEMENT](https://twitter.com/AZELEMENT)
- 16681 N. 84TH AVE., #170, PEORIA, ARIZONA 85382
- 623-215-4122
- 221 E. WILLIS RD., #5, CHANDLER, ARIZONA 85286
- 480-892-2239

***TURN THIS PAGE IN WITH YOUR PAPER WORK**

ATHLETE NAME:

OFFICE USE ONLY

Cash _____

Check # _____

Waiver _____ Pic _____

Age as of August 31, 2021 _____ DOB: / /

Grade 2021-2022: _____ School: _____

EMAIL: _____

Have you cheered before? Yes _____ No _____
If so where? _____

Will you be participating in School Cheer Competitive
or game day this season? Yes _____ No _____

What age group would you like to be on?

MINI YOUTH JUNIOR SENIOR

What Level would you like to be on? 1 2 3 4 5

Are you interested in crossing over year round on another team? YES _____ NO _____

**ATTACH PHOTO
HERE:**

STANDING TUMBLING

SKILLS YOU HAVE W/O SPOTTER

- None
- Backbend
- Back Walkover
- Front Walkover
- Back Handspring
- Standing Tuck
- Jumps to Tuck
- Standing Full

STANDING SERIES TUMBLING

SKILLS YOU HAVE W/O SPOTTER

- None
- Multiple Handsprings
- 2x BHS to Tuck
- BHS Back Tuck
- 2x BHS to Layout
- 2x BHS to Full

RUNNING TUMBLING

SKILLS YOU HAVE W/O SPOTTER

- None or Round Off
- FWO Round off BHS
- FWO Round off Tuck
- FWO RO BHS Tuck
- FWO RO BHS Layout
- FWO RO BHS Full
- No FWO

LIST ANY SPECIAL SKILLS YOU HAVE:

STUNTING

(Circle Experience)

FLYER

BASE

BACKSPOT

Stunting Level

- Level 1 (No Experience or thigh stand/prep level stunting)
- Level 2 (Preps to Extension skills, one leg prep stunts, straight ride baskets)
- Level 3 (Extended One Leg Stunts, Twist Cradles from Two Leg Stunts, Single Trick Baskets)
- Level 4 (Extended One Leg Stunts, Double Twists from Two Leg stunts, Two Trick Baskets)
- Level 5 (Full Up Variations, Double Twist from One Leg, Three Trick Baskets, Major Release Moves)

DO NOT WRITE BELOW THIS LINE - TO BE FILLED OUT BY STAFF ONLY

Standing:

Running:

Motions/Jumps:

Flex:

- Stretch
- Bow
- Scorp
- Scale

Comments:

CHEERLEADER INFORMATION

Name: _____ Gender: Male Female Height: _____
Birthdate _____ Age as of August 31, 2020 _____
School: _____

Cheerleader's Cell # _____ Cheerleader's E-Mail Address _____ Home Phone # _____

Mother's Primary Phone # _____ Mother's E-Mail Address _____

Father's Primary Phone # _____ Father's E-Mail Address _____

Current School _____ Current Grade (Pre-K to 12) _____

_____ Birth Certificate _____ Head Shot (Must have both to try-out)

Check your most advanced stunting skill:

- Level 1 (No experience or level 1 stunts, preps)
 Level 2 (Ex. Preps, Extensions, Straight Cradle dismounts and baskets tosses)
 Level 3 (Ex. Extended one-legged stunts, Full twisting two-legged dismounts, single trick basket tosses)
 Level 4 (Ex. Extended one-legged stunts, Double twisting two-legged dismounts, kick-full basket tosses, full-ups)
 Level 5 (Ex. Double twisting one-legged dismounts, Double twisting basket tosses, full-ups)

Do you have any specific requests? Yes ___ No ___ If yes, please explain:

Will you be participating in School Cheer? Competitive or game day this season? Yes ___ No ___

Specific requests for ride sharing/sisters/practice times etc. that are realistic, significant, and valid are accommodated (if possible). To fly, to be on an older team than your normal age group, or to be on a team with higher-level skills than your athlete has, are unlikely to make an impact on rosters.

What age group would you like to be on? MINI YOUTH JUNIOR SENIOR

What Level would you like to be on? 1 2 3 4 5 6 7

Are you interested in crossing over year round on another team? YES NO

CLOTHING SIZE

T-Shirt: YXS YS YM YL AXS AS AM AL
Shorts: YXS YS YM YL AXS AS AM AL
Sports Bra: YXS YS YM YL AXS AS AM AL
Jacket: YXS YS YM YL AXS AS AM AL

I understand and accept that I may be placed on a team that is different from teams that I have been placed on in the past.
 YES NO

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____ Cell#: _____

Name: _____ Relation: _____ Cell#: _____

Health Insurance Provider: _____

Policy Number: _____ Group No. _____

Named Insured: _____

Allergies or Special Instruction: _____

Are there any issues regarding restrictions as to pick up or visitation by either parent? YES NO

If Yes: _____

AUTHORIZED PICK-UP

Should you want to authorize a person other than yourself or your spouse (if applicable) to pick up your cheerleader, we must have this information on file before your child will be released.

Authorized Person Name: _____

Drivers License #: _____ State: _____

INFORMED CONSENT AND ACKNOWLEDGMENT AGREEMENT

I/We _____, parents/guardians of _____, who is attending Arizona Element Elite Cheer a RMRM LLC company, and wishes to participate in a cheerleading stunting and tumbling activities, give our consent for such participation by our son/daughter.

We understand that our son/daughter is required to be in good physical shape and condition to participate at a 100% physical level and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility and endurance. I/We fully understand that these activities include, but are not limited to a variety of gymnastic routines, that there will be a variety of mounts, dismounts and stunts requiring the coordination of more than one participant on the squad and furthermore, these activities include weather conditions including heat, sun and rain.

I/We fully understand that cheerleading is a sport in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation of this sport by our son/daughter.

We represent to you that, to the best of our knowledge and belief, our son/daughter has no physical, medical or mental disability or other limitation that would restrict his/her ability to fully participate in this activity on a daily basis as described and explained to us.

We agree to, and by the signing of this agreement, release the coaches, assistant coaches, volunteers and staff of Arizona Element Elite Cheer a RMRM LLC company, from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in the Arizona Element Elite Cheer program.

I/we have affixed our signature to this agreement this _____ day of _____, 20__

Parent/guardian signature - Athlete if over 18

Date

Current Email Address: _____

RULES, POLICIES, AND FINANCIAL AGREEMENT

I, _____ Parent/guardian (Athlete if over 18)

of _____ have read the Arizona Element Elite a RMRM LLC Company registration packet in its entirety. I understand the rules and policies described in the packet, and I agree to abide by these rules and regulations for the entire season. I have also reviewed the rules and regulations with my cheer athlete, and she/he understands them and will abide by them as well. We understand that this packet may need to be modified based on developments throughout the year. These changes will be communicated and are not negotiable as the packet has the potential to evolve and improve.

I understand that this financial obligation is for the entire cheer season, which runs from June through May of the following year. I accept the financial responsibility for the season in its entirety and understand all charges that accompany this acceptance. I understand that there are no refunds should we leave or are asked to leave the program regardless of the amount paid. I further acknowledge that should I pull my athlete, my athlete quits or, we are asked to leave the gym at any time upon commencement of choreography or August 1st, which ever is sooner, I will be responsible for a \$750.00 contract termination fee. _____ (Initial Here). This fee is to cover the costs of reworking the routine as well as choreographing the routine by our choreographer, re-registering the teams for competitions, and the added expense of the coaches having to have additional practices due to the athlete leaving. Your signature below is acceptance, and you therefore agree that this fee will be paid with the credit card you have on file within our Jackrabbit system. Further, any chargebacks related to the credit card involving this fee will still be due along with any fees associated with collecting the fee.

In the event a dispute shall arise between the parties to this contract, the parties agree to participate in mediation in accordance with the mediation procedures of United States Arbitration & Mediation. The parties requesting mediation shall bear the expense of mediation and shall be responsible for the facilitation of the mediation. Should legal action occur in order to enforce or protect this agreement you agree should you not prevail, to reimburse RMRM LLC dba Arizona Element Elite all reasonable costs, necessary disbursements and attorneys' fees incurred in enforcing this Agreement.

Should I have any issues, whether it is financial, personal, or gym-related, I will contact management immediately in order to avoid any undue stress or tension for my cheer athlete, the gym, or myself.

Parent/Guardian Signature - Athlete if over 18

Date

Printed Name

Social Security # or Date of Birth

Parent/Guardian Signature

Date

Printed Name

Social Security # or Date of Birth

PHOTO AND MEDIA RELEASE

I, _____, Parent/guardian (Athlete if over 18)

of _____ authorize Arizona Element Elite Cheer, a RMRM LLC Company its successors, and/or assignees unrestricted rights to use my athlete's name, likeness, or appearance on any cheerleading or dance posters, calendars, photographs, 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 Arizona Element Elite Cheer. I hereby release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and or his or her agents, representative 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 the use by Arizona Element Elite Cheer photos or media exposure.

Parent/Guardian Signature - Athlete if over 18

Date

Printed Name

Parent/Guardian Signature

Date

Printed Name

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child, _____,
(PLEASE PRINT CHILD'S NAME)

to participate in the activities provided by Arizona Element Elite and RMRM LLC company which includes, Cheerleader training, Tumbling, Stunting and other forms of training as it relates to Cheerleading and or the activities currently being offered at Arizona Element Elite such as Open Gym and private parties..

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

Initial Here

As consideration for being permitted by Arizona Element Elite a RMRM LLC company to participate in this activity, I hereby release and hold harmless Arizona Elements Elite, volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold Arizona Element Elite and RMRM LLC Company (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Arizona Element Elite an RMRM LLC Company and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Arizona Element Elite an RMRM LLC Company and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which my child or I may incur as a result of such treatment.

Arizona Element Elite an RMRM LLC Company does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. Arizona Element Elite an RMRM LLC Company also does not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND ARIZONA ELEMENT ELITE AN RMRM LLC COMPANY AND SIGN IT OF MY OWN FREE WILL.

Parent Name

Date

Signature

CREDIT CARD AUTHORIZATION

(IF YOU PREFER TO USE DEBIT CARD, LEAVE THIS BLANK AND COMPLETE BANK AUTHORIZATION FORM)

Parent/Guardian: _____

Cheerleader Name: _____

I understand that all tuition payments are due on the 1st of the month. I authorize Arizona Element Elite to charge my card listed below, or any card I put on file as a replacement for the card listed below for all charges related to the current cheer season. This includes fees for extra competitions, which may extend the season such as Summit or Worlds.

I understand the fee structure as outlined above should a payment be late or returned. Late payments are assessed \$25.00, and returned payments are assessed \$25 or the bank's fee, whichever is greater.

I understand that this financial obligation is for the entire cheer season, which runs from June 1 of the year signed through May 15th of the following year from the date signed. I accept the financial responsibility for the season in its entirety and understand all charges that accompany this acceptance. I understand that there are no refunds should we leave or are asked to leave the program regardless of the amount paid. I further acknowledge that should I pull my athlete, my athlete quits or, we are asked to leave the gym at any time upon commencement of choreography or August 1st whichever is sooner, I will be responsible for a \$750.00 contract termination fee. _____ (Initial Here). This fee is to cover the costs of reworking the routine as well as choreographing the routine by our choreographer, re-registering the teams for competitions, and the added expense of the coaches having to have additional practices due to the athlete leaving. Your signature below is acceptance, and you therefore agree that this fee will be paid with the credit card you have listed below. Further, any chargebacks related to the credit card involving this fee will still be due along with any fees associated with collecting the fee.

I accept the fee schedule for the entire season. I understand that I am responsible for the fees as listed and acknowledge that I am responsible for any changes in banking information should there be a change. Should I change my card on file during the season, this will not revoke or eliminate my authorization to charge the card on file for all tuitions and fees.

Further, I acknowledge that should there be any fees associated with collection or delinquency charges on the account that result as part of the account being sent to collection. I accept the financial responsibility of these fees in addition to the amounts due and will reimburse RMRM LLC dba Arizona Element Elite for these fees.

I understand and accept that all tuition and fees paid are not refundable.

Credit Card: Annual Payment Monthly Payment

Visa MasterCard American Express

Account Number _____ Exp. Date _____ Code _____ Name on Account _____

Street Address _____ City/State/Zip _____

Signature of Cardholder _____

Parent/Guardian Signature - Athlete if over 18: _____

Name (Print): _____

Cheerleaders Name: _____

BANK DRAFT AUTHORIZATION

(IF YOU PREFER TO USE CREDIT CARD, LEAVE THIS BLANK AND COMPLETE CREDIT CARD AUTHORIZATION FORM)

Parent/Guardian: _____

Cheerleader Name: _____

I understand that all tuition payments are due on the 25th of the month to cover the month to follow (July tuition due June 25th). Bank Drafts take up to 7 days to process so the draft will be entered 5 business days prior to the due date to allow time for processing.

I authorize Arizona Element Elite to charge my account listed below or, any account I may put on file subsequent to signing this document for all charges related to the current cheer season. This includes fees for extra competitions, which may extend the season such as Summit or Worlds.

I understand that this financial obligation is for the entire cheer season, which runs from June 1 of the year signed through May 15th of the following year from the date signed. I accept the financial responsibility for the season in its entirety and understand all charges that accompany this acceptance. I understand that there are no refunds should we leave or are asked to leave the program regardless of the amount paid. I further acknowledge that should I pull my athlete, my athlete quits or, we are asked to leave the gym at any time upon commencement of choreography or August 1st whichever is sooner, I will be responsible for a \$750.00 contract termination fee. _____ (Initial Here). This fee is to cover the costs of reworking the routine as well as choreographing the routine by our choreographer, re-registering the teams for competitions, and the added expense of the coaches having to have additional practices due to the athlete leaving. Your signature below is acceptance, and you therefore agree that this fee will be paid with the credit card you have listed below. Further, any chargebacks related to the credit card involving this fee will still be due along with any fees associated with collecting the fee.

I understand the fee structure as outlined above should a payment be late or returned. Late payments are assessed \$15.00, and return payments are assessed \$25 or the bank's fee, whichever is greater.

I accept the fee schedule for the entire season. I understand that I am responsible for the fees as outlined and acknowledge that I am responsible for any changes in banking information should there be a change.

Further, I acknowledge that should there be any fees associated with collection or delinquency charges on the account that result as part of the account being sent to collection. I accept the financial responsibility of these fees in addition to the amounts due and will reimburse RMRM LLC dba Arizona Element Elite for these fees.

I understand and accept that all tuition and fees paid are not refundable.

Credit Card: Annual Payment Monthly Payment

Checking Savings

Name on Account

Bank Name

Routing Number (9 Digits)

Account Number

Signature of Cardholder

Parent/Guardian Signature - Athlete if over 18:

Name (Print):

Cheerleaders Name:



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