

# CHEERLEADER INFORMATION

Must have both to tryout

FIRST NAME	LAST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M	BIRTHDATE	BIRTH CERTIFICATE <input type="checkbox"/> YES
HOME PHONE	HEIGHT ___ft. ___in.	SCHOOL	GRADE: PRE K - 12	AGE AS OF: 8/31/2018	HEAD SHOT <input type="checkbox"/> YES
ADDRESS			CITY	STATE	ZIP
CHEERLEADER'S CELL #	CHEERLEADER'S EMAIL		HOME PHONE #		
MOTHER'S PRIMARY PHONE #		MOTHER'S EMAIL			
FATHER'S PRIMARY PHONE #		FATHER'S EMAIL			

**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: \_\_\_\_\_

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.

Check ALL skills you throw ON THE FLOOR & WITHOUT a spot		
<p><b>Standing</b></p> <ul style="list-style-type: none"> <li>___ None or Back walkover</li> <li>___ Back handspring</li> <li>___ Standing Tuck</li> <li>___ Jumps Tuck</li> <li>___ Standing Full</li> </ul>	<p><b>Standing Series</b></p> <ul style="list-style-type: none"> <li>___ Multiple Back handsprings</li> <li>___ Two BHS to Tuck</li> <li>___ Back handspring Tuck</li> <li>___ Two BHS to layout</li> <li>___ Back handspring Layout</li> <li>___ Two BHS to Full</li> <li>___ Back handspring Full</li> </ul>	<p><b>Running</b></p> <ul style="list-style-type: none"> <li>___ None or Round off</li> <li>___ Back handspring</li> <li>___ Back Tuck ___ Layout</li> <li>___ Full</li> <li>___ Double Full</li> </ul>

Specialty Skills: \_\_\_\_\_

Cheer Experience:			Stunt Position:		
WHERE	AGE	LEVEL	<input type="checkbox"/> NONE FLY	<input type="checkbox"/> BASE	<input type="checkbox"/> BACKSPOT
WHERE	AGE	LEVEL	<input type="checkbox"/> NONE FLY	<input type="checkbox"/> BASE	<input type="checkbox"/> BACKSPOT



**(FOR AZ ELEMENT USE ONLY)**

CLOTHING				SKILL LEVEL										
T-Shirt:	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AXS	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	Standing Tumbling	1	2	3	4	5
Shorts:	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AXS	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	Running Tumbling	1	2	3	4	5
Sports Bra:	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AXS	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	Stunting	1	2	3	4	5
Jacket:	<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AXS	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	Base	1	2	3	4	5
									Back Base	1	2	3	4	5
									Flyer	1	2	3	4	5

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell#: \_\_\_\_\_

Health Insurance Provider: _____
Policy Number: _____ Group No. _____
Named Insured: _____

**Allergies or Special Instructions:** \_\_\_\_\_

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

If Yes: \_\_\_\_\_

<b>AUTHORIZED PICK-UP</b>
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: _____

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



# INFORMED CONSENT AND ACKNOWLEDGEMENT AGREEMENT

I/We, \_\_\_\_\_, parents/guardians of \_\_\_\_\_ who is attending Arizona Element Elite Cheer a RMRM LLC company, and wishes to participate in a cheer-leading 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 signatures to this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**X**

Signature:  Parent  Guardian  Athlete if over 18

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Current email address

**X**

Signature:  Parent  Guardian  Athlete if over 18

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

\_\_\_\_\_ 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 2018-2019 cheer 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 May 20, 2018 through May 19, 2019. I accept the financial responsibility for the 2018-2019 cheer 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 after August 1st 2018, I will be responsible for a \$750.00 contract termination fee. 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 agree to share equally in the costs 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.

**X**

Signature:  Parent  Guardian  Athlete if over 18

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Security # or Date of Birth

**X**

Signature:  Parent  Guardian  Athlete if over 18

\_\_\_\_\_

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.

**X**

Signature:  Parent  Guardian  Athlete if over 18

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

**X**

Signature:  Parent  Guardian  Athlete if over 18

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name



# ARIZONA ELEMENT ELITE WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child, \_\_\_\_\_, to participate in the  
(PLEASE PRINT CHILD'S NAME)

activities provided by Arizona Element Elite, a 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, a 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, a 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, a 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, a RMRM LLC Company, does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. Arizona Element Elite, a 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, A RMRM LLC COMPANY, AND SIGN IT OF MY OWN FREE WILL.**

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

Date \_\_\_\_\_

Printed Name \_\_\_\_\_



# CREDIT CARD AUTHORIZATION

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

Parent/Guardian: \_\_\_\_\_

Cheerleader's 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 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 \_\_\_\_\_

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

Signature of Cardholder **X** \_\_\_\_\_

Parent/Guardian Signature - Athlete if over 18: **X** \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Cheerleader's 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 the fee structure as outlined above should a payment be late or returned. Late payments are assessed \$25.00, 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.

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

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**Tuition Payment:**  Annual Payment  Monthly Payment

Checking  Savings

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number (9 Digits) \_\_\_\_\_ Account Number \_\_\_\_\_

Signature of Account holder **X** \_\_\_\_\_

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Parent/Guardian Signature - Athlete if over 18: **X** \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Cheerleader's Name: \_\_\_\_\_



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