



## 2022-23 Season 11 Packet



### **STORM Elite All Stars, Inc.**

*"Creating Champions with Character and Class"*

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## Welcome to Storm Elite All Stars!

Storm Elite All Stars has been in existence since 2005 and has grown from a single team in a school cafeteria to a full-service all-star cheer, dance and tumbling facility that offers something for every athlete at every skill level.

### OUR MISSION

Our mission is to inspire and empower our athletes to achieve their goals and have FUN doing it! Our program strives to promote sportsmanship, leadership, integrity, self-confidence, teamwork, discipline, and commitment. We value the 'perfection before progression' mindset and believe in upholding the principles of Positive Coaching while educating our athletes about 'life lessons' that extend beyond the gym.

### WHO ARE WE?

Storm is co-owned by Linnea Rivard, accomplished business owner with many years of experience in the cheer and dance world and Christa Lang, USASF level 6 certified coach with over 30 years of experience in coaching and choreographing both cheer and dance. We thank you for your interest in our program! It is a privilege to have the opportunity to share in your child's life!

### Athlete Evaluation and Team Formation

At Storm, every athlete is assessed in various ways, led by our Gym Director and Co-Owner, Christa Lang, along with the input from our coaching staff. What they look for is not just their tumbling abilities, but ability to dance, stunt, work in a team dynamic, dedication, commitment to personal skill development, and their physical stature for position spots. As each team is formed, the coaches examine the needs of that team, and choose the athletes based on those needs. We ask parents and athletes to trust the process. Every position on a team has its merit and is important. At times, there are athletes that do not land on the team they had expected or hoped. If this is ever the case for an athlete, we highly encourage the athlete and parent to set up a meeting with our staff to discuss, after allowing at least 48 hours to process and consider the situation. The season can be long, and NOTHING IS SET IN STONE.

\*\*\*Please note that coaches reserve the right to alter team line ups, replace or move athletes within the routine or to another team at their discretion with no prior notice or input. It is the job of the coaches to do what is best for the team.

### Social Media

Social media is a huge part of our lives, especially since the COVID situation. Social media has become the form of communication with schools, learning, businesses, and more.

The Storm program uses Facebook for communication. We have the main **public** Wisconsin Storm Elite All Stars page along with team group pages that are **private**. *Per USASF Professional Responsibility Code, coaches are not allowed to be "friends" with minor athletes on Facebook. However, they may communicate on social media through team pages where parents are monitoring the page.*

We also ask that parents watch out for their children on social media. (texting, Snapchat, Facebook, Twitter, Instagram, etc., ...). Anything that is deemed disrespectful or inappropriate will not be tolerated and must be removed from social media. We expect all staff, parents, and athletes to represent STORM and the sport of cheer and dance in a positive and respectful way.

**PRACTICES**

Every practice is important and therefore mandatory to attend. For this reason, we **strongly encourage** families to schedule vacations around the competition season.

We rely upon doctor’s input regarding athletes’ fitness for participation when there are questions about illness or injury. For this reason, if a note is provided by a doctor stating an athlete is unable to participate for any reason, a medical release form needs to be submitted to the gym and must include the date of return/release. If an injury occurs, the athlete must receive a doctor’s note stating restrictions for activity. Athletes are still expected to be at practice and attend competitions during this time. Athletes will only be placed back into full participation with a written full release from the treating doctor. This requirement is for the safety of all athletes as well as protection for our coaches and program.

**Excused vs. Unexcused Absences**

<b>Examples of EXCUSED Absences</b>	<b>Examples of UNEXCUSED Absences</b>
Graded/Mandatory School Events (these are scheduled well in advance – submit to head coach ASAP)	Family “celebrations” (anniversaries, birthdays, gatherings, etc.,)
Contagious Illness – best indicator is fever of 100 degrees or higher, vomiting; doctor’s order.	Non-contagious illness or injury.
Family Funeral (close relative/individual known to athlete)	Funeral of someone not known to athlete
Summer Vacations with at least 2 weeks advanced notice to coach	Homework, studying, after school job, vacation during school year
	No ride, car trouble (arrange a ride with someone)
<b><i>**All absences MUST be communicated as soon as possible! NO notification and then NOT SHOWING UP for practice WILL be unexcused and consequences may include removal from a competition or removal from the team. Communication MUST come directly from an athlete’s parent/guardian; not through an athlete or another’s parent/guardian.</i></b>	

# Weather

## PRACTICE CANCELLATIONS

Since the heart of our season runs from November through March each year, we always encounter the Wisconsin wintery driving conditions. Regular winter weather is not an excuse to miss practice. When the weather is severe enough to warrant closing the gym, the owners will post cancellations on our public STORM Facebook page and on the private team pages on Facebook. The safety of our athletes, families, and coaches is always our top priority! We make every effort to make the final call no later than 3PM.

## COMPETITION CANCELLATIONS

We have no control if an event producer cancels or re-schedules a competition. We will do our best to attend that re-scheduled event if we are able to do so. Additionally, **COACHES RESERVE THE RIGHT TO REMOVE ANY TEAM FROM ANY SCHEDULED COMPETITION.** While we make every effort to add another competition, this is not always possible, and may result in a shortened season.

## Competitions

Event producers generally release the first draft of performance orders on the Monday prior to the event. Please note, that schedules are often adjusted leading up to the event. We make every effort to get you the most up to date information as we receive it.

## Gym

At our gym we have access to two floors, an athlete break room, and a coat/cubby room. It is up to everyone to be respectful and keep these common areas clean and neat.

We are aware that athletes arrive and leave at different times during the afternoon and may spend some non-practice time at the gym. **EVERYONE IS EXPECTED TO KEEP THE NOISE AND DISTRACTIONS TO A MINIMUM AT ALL TIMES. Anyone waiting MUST wait in the athlete break room until it is their time to practice.**

- Our parking lot is shared with 4 other businesses. **STORM** parking is designated with **YELLOW signs and tape** along posts against the building. If space is filled, you **MUST** park on the street. The other businesses have signs stating that they will tow vehicles at owner's expense.
- **NO** parents, friends or siblings are allowed out of the Athlete Break Room during practices! This is a liability insurance restriction. This is **STRICTLY** enforced.
- **NO ONE** is allowed on the practice floors or equipment unless under the direct supervision of a coach! This includes all athletes waiting for the start of practice!
- **NO JEWELRY** can be worn at any time during practices! Leave it at home! We are not responsible for misplaced items. ***PLEASE REFRAIN FROM GETTING ANY PIERCINGS DURING THE SEASON! It is extremely difficult to pull starter piercings out and place them back in for practices and competitions, because of this, piercings are not allowed in during practices or competition. It is against USASF Rules, as it is a safety issue. (And NO, taping piercings does not count).***
- **NO FOOD OR DRINK** is allowed in the practice areas.
- Athlete cell phones **MUST** be shut off and put away during practices!

If a parent wishes to speak to a coach or owner, please schedule a time. Trying to catch them before or after practice never works well as that time is filled with other chaos. Scheduling an appointment will allow time to converse and guarantees confidentiality.

## Financial Obligations/Expenses

Our program is priced competitively, and we make every effort to keep price points reasonable without sacrificing the gym's competitive ability. Storm Elite All Stars is a family-friendly program, but we are still a business and have our own expenses to cover to effectively run. We do offer discounts for families with multiple athletes in our program. We also offer several payment options (refer to our financial agreement form). If you have any questions about financing and payment, please contact our admin office to set up an appointment where this can be privately discussed.

### TUITION COSTS:

Competition fees for the specified number of competitions are included in the cost of tuition. Elite teams will also have the opportunity to travel for a big end of the year National competition that would be an additional cost. In addition, any bids to extra competitions that teams earn throughout the season will be considered on a case-by-case basis and would be at an additional expense.

<i>Teams (target age)</i>	<i>Season</i>	<i>Monthly</i> (# of comps included)	<i>Practices</i>
Novice Tiny Team (ages 3-5)	June-March	\$60.00 (3 competitions)	1 hour - 1 x week
Half Season Prep Teams (ages 5-18)	Oct-March	\$125.00 (4 competitions)	2 hours - 1 x week
Mini Elite Team (ages 5-8)	June-March	\$65.00 (3 competitions)	1.5 hours - 1 x week
Youth Elite Teams (ages 7-11)	June-March	\$175.00 (4 competitions)	1.5 hours - 2 x week
Junior and Senior Elite Teams (ages 8-18)	June-March	\$230.00 (5 competitions)	2 hours - 2 x week
Junior and Youth Hip Hop (ages 8-12 & 10-15)	June-March	\$60.00 (3 competitions)	1 hour - 1 x week
Senior Hip Hop (ages 10-18)	June-March	\$65.00 (3 competitions)	1.5 hours - 1 x week

ADDITIONAL COSTS: Just like any other activity or sport, there are other expenses not covered by the tuition pricing. The following are a few (but not all) of the estimated costs to families:

<b>Item</b>	<b>Description</b>	<b>Approximate Cost</b>
Dance Costumes	Specific to team for competition	\$75-150/athlete
Tiny/Mini Uniform	Specific to team for competition	\$85.00
Prep Season Uniforms	Specific to team for competition	\$190.00
Elite Team Uniforms	Specific to team for competition	\$375 (\$275 used)
Bow	Specific to team	\$20-\$40
Shoes	Black or White cheer shoes as specified	\$35 - \$150
Cross-over fees	Athletes on multiple competition teams	\$60-\$150 per event
Private Instruction	Scheduled instruction with coach	\$25 - \$50/hour
Individual/Stunt Group	Specific performance for athlete/group	\$400/season
Competition Make-up	Specific to team; designated by coach	\$20-\$50
Warm-up	Optional Jacket/Pant set	\$140/set
Travel/hotel	Lodging, gas, food, other expenses	Varies
Choreography/Music	Professionals to create competition routine	\$60 - \$550/athlete
Classes/Clinics	Additional sessions offered through gym	Varies
Open Gyms	Opportunity for athletes to work skills	\$5/athlete

### CROSS-COMPETE ATHLETES

If your athlete is cross-competing (competing on more than one elite team) there is an additional charge per competition. While an athlete is required to pay the extra fees for cross-competing at an event, we do not charge extra for the athlete to be on two teams, thus the athlete is not charged for extra time in the gym.

# SEASON 11 STORM BOOSTER CLUB

Athlete Name: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**(If separate household)**

Parent #2 \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**Let's make this season great! Two of our biggest fundraisers are listed below. We need your help to make them a success!!!!**

**Please indicate which you're willing to help with:**

## **Celebrate Plover, July 30<sup>th</sup> Gun Calendar (planning starts in August)**

Do you have another fundraising suggestion?

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Would you be interested in taking a lead on a fundraising event? **YES NO MAYBE**

What would you be interested in helping with this season?

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# 2021-22 Cheer Financial Agreement

\_\_\_\_ **Payment Plan:** By choosing this option, you are opting to make payments as specified by the designated plan. With this option, **A CREDIT CARD MUST BE ON FILE!**

Total Amount: \$ \_\_\_\_\_ Plan: \_\_\_\_\_ Payment: \$ \_\_\_\_\_

\*\*\*\*Payments can be made with cash, check or credit/debit card. Our bank also uses [www.zelleapp.com](http://www.zelleapp.com) for safe, secure payments. Additional fees may apply for cards or Zelle.

**Card on File:** Card Type: V MC D AMEX

Name (as appears on card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVS: \_\_\_\_\_

**All payments are due the 1<sup>st</sup> of the month, with a 10-day "grace period" - NO EXCEPTIONS! Payments made after the 10<sup>th</sup> of the month will be assessed a \$30 late fee; NSF payments - \$25 fee.**

\_\_\_\_ **Auto Payment:** This option uses a credit card on file **processed on or around the 10<sup>th</sup> of each month for your monthly payment plus a 4% processing fee.** Payments that are "declined" will be assessed a \$30 late fee.

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVS: \_\_\_\_\_ Zip: \_\_\_\_\_

# of Payments: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ 4% fee: \$ \_\_\_\_\_

**Additional Fees: Late Fee: \$30.00 NSF: \$25.00 Breach of Contract: \$250.00**

## CONSENT/AGREEMENT

By signing this Financial Agreement, I/We are stating that we have read the above information along with the entire informational packet and understand. I/We also understand the fees that are additional to the payments and when they are assessed. I/We agree to the contractual obligations as Storm Elite All Stars have spelled them out, and I/We agree to pay based on the selection on this form. **I/We understand that upon violation of the payment plan (3 late, declined or NSF payments), I/We are no longer eligible to utilize the plan and must pay the entire balance on account in full, plus any late/NSF fees. I/We understand that we are liable for the breach of contract fee of \$250 per athlete if we terminate this contract after choreography has been done in addition to the monthly payment fee if notice is after the 10<sup>th</sup> of the month.**

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For 2-household athletes:** As a parent, I also agree to all the terms and conditions spelled out by Storm Elite All Stars and give my consent for my athlete(s) to participate fully in this program. I further understand that I am also financially responsible for all costs per the arrangement with the other parent on this form.

Parent #2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Athlete Information

(ONE form per ATHLETE)

### Athlete Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Athlete's Age: \_\_\_\_\_ School Athlete Attends: \_\_\_\_\_  
Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Athlete's Cell: \_\_\_\_\_ N/A

### Parent/Guardian Information:

Parent #1: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

**Complete "Parent #2" info ONLY if parents maintain separate households.**

Parent #2: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signatures:** *I/we agree to allow our athlete(s) to participate in the program as spelled out in the information given.*

Parent #1: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Second signature only necessary if parents maintain separate households.**

Parent #2: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





Signed/Completed Waiver REQUIRED for Participation

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

**Participation:** In consideration of participation in programming at Storm Elite All Stars, Inc., I represent that I understand the nature of the program and that my athlete is qualified, in good health, and in proper physical condition to participate in program. I acknowledge that if event conditions are unsafe, I will immediately discontinue athlete participation. I fully understand that the programs, the conditions in which the programs take place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of athlete participation in the program. Further, I acknowledge that both participants and parents have read and fully understand the concussion-related documents (provided upon request).

**Release:** I hereby release, discharge, and covenant not to sue Storm Elite All Stars, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the program 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 part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and 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 a claim.

**Agreement:** I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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.

**Parental Consent:** I, representing that I am the parent and/or legal guardian of the minor listed below, understand the nature of the program and the minor’s experience and capabilities and believe the minor to be qualified to participate in such programming. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor, or anyone on the minor’s behalf make a claim against any of the above Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any Releasee may incur as the result of any such claim.

**Additionally,** I understand and agree to the following – **RULES** – I will read the posted rules and understand that ADULTS ARE NOT ALLOWED ON EQUIPMENT and that minor participants are only allowed on equipment when qualified staff are present. **APPROPRIATE BEHAVIOR** – I will behave in a manner that is respectful of facilities, staff, and participants of all ages, and understand that displays of anger, excessive frustration or emotional outbursts, inappropriate language or physical conduct, threatening or abusive behavior is not allowed. In the event of this behavior, I agree to promptly leave the premises or pick up my child, if requested, without expectation of any refund. **PARENT/ADULT RESPONSIBILITY TO SUPERVISE** – When I visit Storm Elite All Stars, Inc., or for any program involving parental presence or participation, I understand and accept the responsibility and all associated liability of constant supervising, controlling, and restricting activities as necessary to assure safety of all children I bring and myself. I understand Storm Elite All Stars, Inc. has a tremendous variety of surfaces, mats, and specialized equipment, and accept the heightened risk of injury. I will not use or allow use of any equipment and will remain in the designated “Viewing Room” as MANDATED by the owners of Storm Elite All Stars, Inc. unless requested to do otherwise. **PROMPT PICK-UP** – I agree to promptly pick up my child after any activity. I authorize and desire that Storm Elite All Stars, Inc. contact appropriate government authorities if my child is left longer than 30 minutes. **INSURANCE** – I understand that injuries do occur, and that Storm Elite All Stars, Inc. does not carry medical insurance for participants. **MEDICAL CARE** – I authorize and desire medical transport of my child. **PHOTOGRAPHS AND STATEMENTS** – I authorize use of my own and my child’s visual image and statements in advertising and promotional media in both print and digital form. **VALID DATES** – These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Storm Elite All Stars, Inc. **AGREEMENT TO PAY** – There are no refunds after the 1<sup>st</sup> day of the starting month, and no credits or guaranteed make-ups for missed or cancelled activities due to inclement weather. Returned payments will result in a \$25 fee; declined card is \$30 fee. Continuous enrollment is assumed, and I agree to give notice by the 10<sup>th</sup> to withdraw at the month’s end or pay the following month’s tuition and understand that “breach of contract” fee is \$250 for termination after choreography. I will pay all costs of collection and for any and all damage to facility and equipment caused by myself or a family member.

Athlete:	Sex:	Age:	Date of Birth:	Allergies, Medical, or other Concerns:
Address:			City:	Zip:
Phone:	Email:		Insurance Carrier:	Hospital Preference:
Alternative Emergency Contact:		Primary Phone:	Cell Phone:	Relationship:
I sign below as an Adult Participant and as Parent/Legal Guardian for the above-named Minor Participant				
Printed Name:	Signature:		Date:	Cell:
Printed Name:	Signature:		Date:	Cell: