

Rising Stars



**2019 – 2020 Regular Season
Registration Packet**

Welcome to Storm Elite All Stars!

Storm Elite All Stars has been serving Central Wisconsin since 2005. We have grown from class in an elementary school cafeteria, moved to a fitness center, and since 2011, we have been in our own facility.

Our Mission

To grow each child that walks through our doors in self-esteem, self-confidence, and physical fitness. To teach leadership, problem-solving, teamwork, and trust in a secure, safe, fun environment.

Who Are We?

Our staff bring over 75 years of combined experience and passion for coaching children in competitive cheer and dance. Our owners and staff are continually educating themselves in safety, technique, and proper progressions to give your child the best experience in all-star cheer and dance that Central Wisconsin has to offer.

Rising Stars

Rising Stars is our recreational program. It's a PERFECT way to get started in cheer without the full-season time and commitment., but with all the fun and excitement!

- *Practices are one hour a week
- *Kids learn basic cheer skills: motions, jumps, stunts, dance
- *Offered as a Summer Session (June-August) and Regular Session (Sept.-April)
- *Kids can enroll at anytime in Rising Stars
- *Rising Stars perform once in the summer and four times in regular session
- *Performances will be in Stevens Point, Green Bay, Madison, & Sussex, WI.
- *Low cost tuition-\$50/monthly
- *Low Cost Uniform-\$50
- *White athletic shoes-cost variable but any white athletic shoe
- *Parent information is generally done through team page on Facebook

Storm Elite All Stars, Inc.

5216A Heffron Court, Suite 3
Stevens Point, WI 54481

www.wistormeliteallstars.net
stormeliteprogram@gmail.com

Facebook.com/wisconsinstormeliteallstars

Instagram: wistorm_eliteallstars



2019-2020 Performance Schedule

2019-20 Performance Schedule	
Date Scheduled	Location Gym
TBD	Green Bay Elite 1194 O'Hare Blvd. Hobart, WI 54415
TBD	Storm Elite All Stars 5216A Heffron Court, Suite 3 Stevens Point, WI 54481
TBD	Fury Athletics of Madison 4009 Felland Rd., Suite 112 Madison, WI 53718
TBD	Heat Athletics N64W22480 Main St. Sussex, WI 53089

*All Spectators at each performance are charged a minimal admission fee ranging from \$3-5 per person. (Under 5 free, over 65 free, Active/retired Military free)



Rising Stars Registration

Athlete Information

(ONE Form per Athlete)

Athlete Information:

Name: _____ Uniform Size: YXS YS YM YL AS AM AL Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Athlete's Age on August 31st, 2019: _____ School: _____

Parent/Guardian Information:

Parent #1: _____ Primary Phone: _____

Address: _____ City: _____ Zip: _____

Cell: _____ Email: _____

Complete "Parent #2" ONLY if parents no longer reside together

Parent #2: _____ Primary Phone: _____

Address: _____ City: _____ Zip: _____

Cell: _____ Email: _____

By signing this, we agree that we have given permission for the athlete to participate in this program and agree to fulfill our obligations to STORM Elite All Stars.

Signature:

Parent #1: _____ Date: ____/____/____

Parent #2: _____ Date: ____/____/____

Office Use Only

Family: _____ Season: _____



Fully Completed and Signed Waiver is a Requirement of our Insurance Carrier Before any Participation.

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

Participation: In consideration of participation in activities at Storm Elite All Stars, Inc., I represent that I understand the nature of these activities and that my athlete is qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe athlete’s physical health is questionable, I will immediately discuss participation in the Activities with the Gym Director. I fully understand that these Activities, the conditions in which the Activities take place, or the negligence of the “releases” 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 incurred as a result of participation in the Activities. Further, I acknowledge that both participant(s) and parents have read and fully understand the concussion-related documents (provided upon request from Administrative Office).

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 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 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: And I, representing that I am the parent and/or legal guardian of the minor listed below, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. 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 OR IN EQUIPMENT and that minor participants are only allowed on equipment when 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 absolutely 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 activity 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 athlete participates in any activity at or with Storm Elite All Stars, Inc. **AGREEMENT TO PAY** – There are no refunds after the 1st day of the starting month, and no credits or guaranteed make-ups for missed or cancelled activities due to inclement weather. Returned payments or declined credit cards will result in a \$25 service charge. Continuous enrollment is assumed, and I agree to make all obligated payments by the dates given, and failure to do so will result in possible additional fees and costs. I will pay all costs of collection and for any and all damage to facility and equipment caused by the athlete, myself, or anyone that I am legally responsible for while on the gym premises.

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Athlete:		Sex:	Age:	Date of Birth:	Allergies, Medical, or other Concerns:	
Address:			City:		State:	Zip:
Phone:	Email:			Insurance Carrier:		Hospital Preference:
Alternative Emergency Contact:			Primary Phone:		Cell Phone:	Relationship:

I sign below as an Adult Participant or as Parent/Legal Guardian for the above-named Minor Participant

Printed Name:	Signature:	Date:	Cell:
Printed Name:	Signature:	Date:	Cell:

Rising Star Financial Agreement Form Regular Season

(September through April)

____ **Payment in Full:** Due at time of sign-up or before first day of practice

Total Amount: **\$400.00** Payment Made: ____/____/____

____ **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!** If no credit card is placed on file, we will NOT allow a payment plan.

1. Half/Half - (this plan requires **\$200** by **September 1st** (or date of sign-up) and **\$200** due **December 1st**)

2. Monthly- \$50/month paid by the **1st of the month** from **September, 2019 to April, 2020**)

Plan Chosen: **1** **2** Payment Amount: \$_____ Due: _____

Card on File: V MC D AMEX Name (as appears on card): _____

Credit Card #: _____ - _____ - _____ - _____ Exp: ____/____ CVS: _____

***Payments can be made with cash, check or credit/debit card. **All payments are due the 1st of the month, with a 10-day "grace period" – NO EXCEPTIONS! Payments made after the 10th of the month will be assessed a \$30 late fee; NSF payments - \$25 fee. If payment is late or declined/bounced 3 times, the remaining balance will be due in full.**

____ **Auto Payment:** With any payment plan, we can process payments on the due date. For this convenience, there is a **4% processing fee** assessed by the card processing company. The totals are as follows: **Option 1 - \$200 + \$8 fee = \$208; Option 2 - \$50 + \$2 = \$52**

Credit Card #: _____ - _____ - _____ - _____ Exp: ____/____ CVS: _____ Zip: _____

of Payments: _____ Payment Amount: \$_____ Date Entered: _____

By signing this Financial Agreement, I/We are stating that the above information was read, and understand all of the options and payments as required. I/We agree to the contractual obligations due Storm Elite All Stars as written above. I/We agree to pay based on the selection on this form. **I/We understand that any violation of the payment plan (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.**

Primary Signature: _____ Date: ____/____/____

For 2-household athletes only: As a parent/guardian, 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/guardian on this form.

Parent #2 Signature: _____ Date: ____/____/____