



# TRYOUT FORM

## ICE ALL STARS TRYOUT FORM (PLEASE ATTACH CURRENT PHOTO TO THIS FORM)

Athletes Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age as of December 31st, 2021: \_\_\_\_\_

School: \_\_\_\_\_

### ATHLETE QUESTIONNAIRE

Have you cheered before? \_\_\_Yes\_\_\_No If so,Where? \_\_\_\_\_

If you have cheered before, what level were you on? \_\_\_\_\_

Which stunt position were you last season? (Circle all that apply)

NONE                      FLYER                      MAIN BASE                      SIDE BASE                      BACKSPOT

Which team can you commit to?

FULL SEASON                      LOCAL TRAVEL                      COACHES CHOICE

Which level are you hoping to make?                      1                      2                      3                      4                      5                      6

What extra-curricular activities will be a higher priority to you than your all star team? (For what would you potentially request an excused absence?)

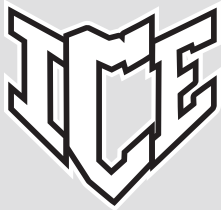
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to cross compete onto two teams for the 2022-2023 season? (Cross over competition fees are approximately \$500 per season.)

\_\_\_Yes\_\_\_No

Would you be willing to attend US Finals, The Summit, or Worlds if your child's team receives a bid for the 2022-2023 season? ( Extra fees depending on the type of bid will be needed in order to cover the cost for these competitions.)

\_\_\_Yes\_\_\_No



# FINANCIAL AGREEMENT

**PLEASE READ AND INITIAL NEXT TO EACH OF THE TERMS FOLLOWED BY YOUR SIGNATURE AND DATE**

I \_\_\_\_\_ parent of \_\_\_\_\_,  
(Print name of parent/legal guardian) (Print name of athlete)

\_\_\_ I understand and agree that monthly tuition payments are due on the 1st of the month.

\_\_\_ I understand that there are no refunds of prorating of any fees for any reason.

\_\_\_ Additional practices may be added prior to large competitions. I understand there is no additional charge for additional practices.

\_\_\_ Practices may be canceled due to holidays, competitions, or inclement weather, and no refunds will be given.

\_\_\_ To receive a payment in full discount of 10% of tuition, payment in full must be received **by June 17th, 2022** in the form of cash or check **ONLY**.

\_\_\_ I understand that I am required to put a debit/CC on file for tuition charges. If you would prefer to not include that information on this form, you can access your online account and save that information under the manage my payment options section.

\_\_\_ I understand that I am subject to a **late fee charge of \$20.00/month** after the 5th of the month. Excessive tardiness in payments will be grounds for my child not competing, possible dismissal and my account being sent to a professional collections agency.

\_\_\_ In the event that an athlete must resign from a team, by signing this contract, I am solely responsible for tuition fees and that all fees are non-refundable and non-transferable. I understand billing will not stop until a **30 day written notice** is received and that I am responsible for all fees until notice is given. If notice is not received prior to the 1st of the month, that month's tuition will be due in full prior to leaving the program.

\_\_\_ ICE reserves the right to remove athletes from the program if their financial obligation is not upheld. Athletes with past due balances that exceed 30 days may not participate in private lessons, classes, and/or team practices until the account is brought current. Past due balances that exceed 120 days will be sent to a third party collection agency for which charges will apply, and the parent will be solely responsible for the total amount.

\_\_\_ I understand that all travel fees are non-refundable and do not hold ICE responsible for any changes additions to travel plans. ICE will provide travel days when releasing the competition schedule to help make travel expectations understood.

\_\_\_ I understand that my uniform **WILL NOT** be ordered until I pay in full. I also understand that my uniform is custom made and therefore cannot be canceled once ordered through the 3rd party vendor. I understand that if my athlete chooses to quit after my uniform has been ordered, ICE will contact me to pick up the uniform once it is in, but that ICE is not responsible for selling my uniform.

I understand and agree to the above financial policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ICE APPAREL CONTRACT

## PLEASE READ FOLLOWED BY YOUR SIGNATURE AND DATE

I understand that the ICE logo is a trademarked logo and as part of the trademarked process, we have to protect our brand to the fullest extent. We take that very seriously and therefore cannot allow parents to use the logo without written consent or approval from the owners directly. Please review the following procedures for apparel to alleviate any apparel issues during the season.

I understand that as a parent in the program, I cannot create any item using the **ICE LOGO, TEAM NAME, TEAM SYMBOLS** without written permission from the owners/managers of ICE. Without ICE, there would be no team so we respectfully will not allow any items with teams names used either as that is representing our brand. I understand that should I decide to create an item without permission, I may be asked to either leave the program, or replace the items created for everyone at your own cost. Items made without using the appropriate avenues, will not be allowed to be used/worn and must be turned into the front desk to the managers immediately.

Teams are allowed to purchase items, through our approved vendors. Going through the appropriate process allows us to keep any additional non-planned expenses to a minimum for families during a competition season. Coaches and managers are the appropriate channels to go through when items are wanted/needed.

Edible Items: the logo or team name are allowed to be used during a season on any edible items without our written consent. We love celebrating your athletes' successes at parties in the gym and are happy to allow the use of our brand/logo/team name for those events solely.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PAYMENT AUTHORIZATION

## PARENT INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I understand that I am liable for and hereby authorize ICE to withdraw funds from my account for the purpose of any outstanding fees related to my account and that all fees are non-refundable. Failure to keep your account in good standing may result in your athlete being unable to practice, dismissal from ICE, and being sent to a collections agency.

\_\_\_ I already have saved payment information on the online portal and agree that ICE may charge the card on file according to the payment schedule.

\_\_\_\_\_  
PRINT NAME OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

## ATHLETE / PAYMENT INFORMATION

\_\_\_\_\_  
ATHLETE NAME

\_\_\_\_\_  
VISA / DISCOVER / MASTERCARD

\_\_\_\_\_  
ACCOUNT #

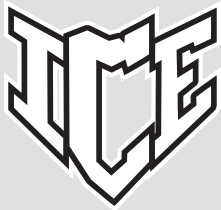
\_\_\_\_\_  
NAME ON CREDIT CARD

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
CVC CODE

\_\_\_\_\_  
BILLING ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

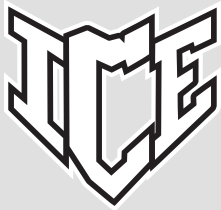


# MEMBER WAIVER

## ICE ALL STARS MEMBER FORM & WAIVER PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of ICE®, its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ICE®"), I hereby agree to release, discharge, and hold harmless, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of ICE® pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks: Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions, raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.
2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with ICE®- related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify ICE® from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in ICE® -related activities.
4. Should ICE® be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.
6. In the event that I file lawsuit against ICE®, I agree to do so solely in the State of Indiana/Illinois/Michigan/Missouri and I further agree that the substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.
7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against ICE® on the basis of any claim from which I have released ICE® by signing this Agreement.



# MEMBER WAIVER

## ICE ALL STARS MEMBER FORM & WAIVER PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

I have had sufficient opportunity to read this entire document. I have read it and understand it. I agree to be bound by its terms.

Signature of Participant or parent: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### (MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18)

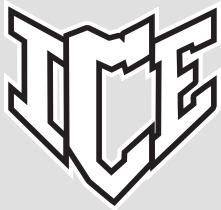
In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by ICE® to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold ICE® from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ATTENDANCE POLICY

## ICE MICHIGAN ATTENDANCE POLICY

The Cheer Program here at Ice Michigan, commitment and consistent practice is vital to the success of our teams.

*Our coaches take attendance at every practice and absences are recorded.*

UNDER EVERY CIRCUMSTANCE, in the event of a sickness, tardy, etc. a parent must call and speak directly to the coach or front desk. *(Special circumstances are given proper considerations if the coaches / front desk are contacted immediately).*

Absences are **EXCUSED** for the following reasons:

- Death in the family.
- A function that directly affects a school grade. Must turn in 2 week in advance. (Teacher Signature is required)
- Hospitalization for illness. (Doctors note is required)
- Illness requiring bed rest and/or contagious illnesses. (Doctors note is required)

**EXCUSED/UNEXCUSED** Absences must adhere to the proper procedures as follows:

1. An Absentee Form must be filled out completely.
2. All requests must be put in two weeks in advance (Even if you have spoken directly to a coach previously)
3. Any absentee requests must be put through to the front desk, and have a hard copy on file.
4. Once it is turned in, the staff will make the determination if it is approved or denied via email.

Any requests that are not turned in two weeks in advance will not even be entertained and will be declined.

Vacation should be taken during ICE Michigan closings. One allotted vacation is allowed outside of gym closings.

**VACATION** must adhere to the proper procedures as follows: (2 days of practice not one full week)

1. An absentee form must be filled out completely.
2. Form must be submitted 2 months in advance.
3. Vacations are denied during ANY camps, MANDATORY practices, and COMPETITION WEEK.

**TARDIES:**

1. 2 times being tardy of more than 10 minutes late is counted as an UNEXCUSED ABSENCE.
2. Please see UNEXCUSED Absences for proper procedure.

**SUMMIT/WORLDS COMMITMENT: Full Travel Team if Program is Attending**

1. Level 6 Athletes MUST commit to attending the 2023 Cheerleading World's April 22nd-24th, 2023.
2. ALL Practices three weeks prior to leading into Worlds/Summit are MANDATORY. There will be no exceptions for absences.
3. If your spring break falls during this time, this will NOT be excused. If there are Team Alternates, same rules will apply.
4. Summit: (All other level full year teams): Athletes must commit to attending. (May 2023)

*Please check your important date sheets and competition dates that were sent to you via email before submitting request for unexcused absences. These are also located on the information board at the gym.*

If a team member missed more than the allowed number of practices, the parents will be called in for a meeting and the team member may be placed on suspension or dismissed from the team.



# ATTENDANCE POLICY

## **SUMMER & SEPTEMBER MONTHS (JUNE 1ST - AUGUST 31ST)**

Each team member is allowed TWO unexcused absence during the entire summer and September this is addition to the one family vacation. If your vacation exceed the 2 days missed for your vacation you will then forfeit your TWO unexcused absence and also will be required to make up the time missed. Please talk with your coach as to what will need to be done to make up the time.

## **FALL SCHEDULE (SEPTEMBER 1ST - DECEMBER 21ST)**

Each team member is allowed 1 absence for the fall (see dates above). If you're part of another activity you will have to use you're allowed 1 absence to miss.

(Mandatory School grade events will need to provide a note stating such.)

## **WINTER SCHEDULE (JANUARY 2ND- MARCH 31ST)**

Each team member is allowed 1 absence for the winter (see dates above). If you're part of another activity you will have to use you're allowed 1 absence to miss. (Mandatory School grade events will need to provide a note stating such.)

## **COMPETITION WEEK**

Any requests for absences made for the week before a competition will be declined.

- The week before a competition, no absences are allowed.
- The week before a competition runs SUNDAY TO SUNDAY.
- If your athlete does not show up for a practice the week before, your athlete will not compete at that competition. No refunds will be given and your athlete is still expected to be at the competition even though they will not compete.
- During competition season, especially right before a competition, even with an illness the athlete is required to come to practice. Last minute changes are made to routines when needed and not having an athlete at practice is detrimental to the team. Athletes who are sick should only participate in a part of practice that is necessary to either make a change or hit a stunt.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_





# EXPECTATION AGREEMENT

## APPEARANCE & ATTENDANCE EXPECTATIONS

Attendance is crucial to every teams success during the season. We expect top priority and 100% commitment from all of our athletes. Please keep in mind there are only 6 excused absences allowed per season for full season athletes and 8 for prep teams. Any absence must be documented in writing TWO WEEKS prior to absence via email or missed practice form located at the front desk. No practice can be missed TWO WEEKS PRIOR to any competition. If you do not comply with these rules, and with the discretion of the program manager, your athlete will be at risk of being pulled from the routine for the upcoming event. We ask that you time up absences with our holiday schedule when possible to help make our teams successful throughout the season.

**Excused Absences:** Contagious illness accompanied by a doctors note, school function that affects grade, family emergencies, and vacation during the summer months only. **Unexcused Absences:** School dance, traffic, too much homework, feeling tired, not having a ride.

I understand ICE’s policy on attendance and will make every effort to get my child to practice when scheduled. I also understand that should my child miss too many practices prior to an event, it is at the discretion of staff and management whether my child will be allowed to attend.

I hereby authorize ICE to publish photographs taken of my minor child or children listed below for use in ICE’s print, online, and video-based marketing materials, as well as other ICE publications. I hereby release and hold harmless ICE from any reasonable expectation of privacy or confidentiality for myself or the minor child/children listed below associated with the images specified above.

Further, I attest that I am a parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize ICE to use their likeness, I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or of said photos confers no rights of ownership or royalties, whatsoever.

I hereby release ICE, its contractors, its employees and any third parties involved in the creation or publication of ICE’s publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## POLICIES & EXPECTATIONS COMMITMENT

I have read and fully understand all codes, rules, and expectations in this try out packet. I understand that I am entering into this All-star program of my own free will. I understand what is expected of me as a parent and an All-star cheerleader. I will conduct myself in a sportsmanlike manner and uphold the standards that are expected of me as an ICE All-Star parent and cheerleader.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cheerleader Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICAL HISTORY

## ATHLETE MEDICAL HISTORY

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

Athlete Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age as of December 31st, 2021: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In an emergency when parent/guardian cannot be reached, please contact the following:*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PHYSICIAN / INSURANCE INFORMATION

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.\***

HISTORY OF		DATES / DETAILS		HISTORY OF		DATES / DETAILS	
Heart / Artery Disease	Y / N			Joint Dislocations	Y / N		
Bone / Spine Defects	Y / N			Bone Fractures	Y / N		
Bone / Joint Disease	Y / N			Head Injury / Concussion	Y / N		
Sprains	Y / N			Surgeries	Y / N		
Muscle Strains	Y / N			Other Medical Conditions	Y / N		

Allergies (list all: medicine/food): \_\_\_\_\_  
Medications Taken Regularly: \_\_\_\_\_  
Other Needed Information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### HEALTH SCREENING INFORMATION:

Notice to parents: The information contained within this form is for the sole use of the coaching and medical staff of ICE Michigan. The information will be used to screen for potential health and safety risks to individual cheerleaders during cheerleading activities. As a parent / legal guardian, I give consent to have my child receive first aid by the coaching staff and/or emergency medical personnel. To also be transported to receive medical treatment if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs, and at least once a year.