

TRYOUT AGREEMENTS & FORMS

WINTER TEAM

MARYLAND TWISTERS 2017 – 2018



HANOVER:

7460 New Ridge Road
Suite 100
Hanover, MD 21076
Phone: 410-766-8729
Fax: 410-766-7517

STERLING:

23714 Overland Drive
Units 100 & 110
Sterling, VA 20166
Phone: 703-665-2284
Fax: 703-665-2213

HANOVER

Evaluations: Saturday November 18th

10:00am – 1:00pm

TRY OUT FEES:

Early Bird Fee

\$55 until November 10th WITH complete paperwork including birth certificate, physical, & picture.

Incomplete packets will not be accepted.

Day of Tryouts

\$65 WITH complete paperwork

\$75 WITHOUT complete paperwork

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FEES:

Tuition, all inclusive: \$195 per month, December through April. This fee includes tuition, competition fees, choreography fees, and music fees

Additional Fees: Gym Membership Registration \$45, payable in December with tuition.

Uniform Rental and Hair Bow: \$150 due at the Uniform Fitting (date to be determined)

The decision is up to you, but only the best wear black and blue!

REQUIRED PAPERWORK

What to Complete & Bring with You

If any of the items listed below are missing from your packet, you will be charged the higher price for the Tryout Fee.

1. Athlete Information form - **ATTACH PHOTO**
2. 2017-2018 Liability Form
3. Agreements/Policies form: Parent MUST initial each section AND sign the bottom
 - a. Code of Conduct
 - b. Technique Policy
 - c. Stay to Play Policy
 - d. Handbook Acknowledgement
4. Financial Commitment Form
5. Copy of physical from within in the past year. (form attached, or use your own)
6. Copy of Birth Certificate
7. Recent athlete photo (attached to Athlete Information Form)

Please note that these items will not be returned to you and will be considered property of the Maryland Twisters.



Maryland Twisters 2017 – 2018

ATHLETE TRYOUT # _____

ATTACH PICTURE TO THIS FORM

ATHLETE INFORMATION:

Athlete's Name _____ Date of Birth _____ Age as of 8/31/17 _____

Address _____ City _____ State _____ Zip _____

Athlete's Home Phone # _____ Athlete's Cell Phone # _____

Cheered before? Yes No If yes, where? _____ What level? _____

PARENT/GUARDIAN INFORMATION:

Mother's Name _____ Email _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Father's Name _____ Email _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

BILLING/CONTACT INFORMATION: If same as Parent/Guardian Info check here

Billing Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION (Other Than Parent):

Emergency Contact _____ Relationship to Athlete _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

INSURANCE INFORMATION:

Insurance Carrier _____ Policy# _____

Carrier's Phone # _____ Group # _____

Carrier's Address _____

Medical Conditions/Allergies _____

I allow my child to be given the following medication(s), if necessary, while at the gym: Tylenol, Advil, Pepto Bismol.

I, the undersigned parent/Guardian/Athlete do hereby give consent for the above athlete to participate in the training and activities held at Maryland Twisters and accept responsibility for all costs incurred by myself or my athlete. I have completely filled out this form in its entirety and attest that all information given is factual.

Signature of Parent/Guardian Date

T-Shirt Size (Please circle size)

T-shirt: YOUTH: Med Large X-Large ADULT: X-Small Small Medium Large X-Large

MARYLAND TWISTERS, INC.
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Maryland Twisters, Inc., its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, discharge, and hold harmless Maryland Twisters, Inc. on behalf of myself, my minor children, my parents, my heirs, assigns, personal representative and estate as follows:

1. *I understand and acknowledge that the activities that I or [CHILD'S NAME] _____ (hereinafter referred to as the "Minor") engage in while on the premises or under the auspices of Maryland Twisters, Inc. pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to the Minor, to me, 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. When traveling to and from shows, competitions and exhibitions raise the possibilities of any manner of transportation accidents. In any event, if you and/or the Minor are 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 Maryland Twisters, Inc. related activities, regardless of the age of the Minor and/or whether or not the Minor is presumed to be able to assume those risks, including but not limited to performance of stunts and use of trampolines. My participation and that of the Minor is purely voluntary. No one has forced or coerced the Minor or me to participate. I elect for the Minor and/or myself to participate in such activities in spite of the risks.*
3. *I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Maryland Twisters, Inc. 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 the Minor's and/or my participation in Maryland Twisters, Inc. related activities.*
4. *Should Maryland Twisters, Inc. be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse it for such fees and costs.*
5. *In the event that I and/or the Minor file a lawsuit against Maryland Twisters, such suit shall be brought in the State of Maryland, and the substantive and procedural laws in that jurisdiction 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. This agreement shall be deemed to have been jointly drafted by the parties for all purposes involving its construction and enforcement.*
6. *By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of the Minor in this activity, I and/or the Minor may be found by court of law to have waived the right to maintain a lawsuit against Maryland Twisters, Inc. on the basis of any claim from which I have released Maryland Twisters, Inc. either personally and/or as the parent, natural guardian and/or legal guardian of the Minor by signing this Agreement.*
7. *I hereby give Maryland Twisters, Inc. and its affiliates the unrestricted right and permission to copyright and re-use, publish, and republish photographic portraits and pictures of the Minor and/or myself of pictures in which the Minor and/or myself may be included, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, art, promotion, or advertising.*
8. *In case of an emergency, I grant permission to Maryland Twisters, Inc. and its personnel, to have authority, at my expense, in the event I cannot be reached, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport the Minor and/or myself to the hospital and if necessary, I authorize medical treatment. I verify that the Minor and/or myself have passed a medical examination within the last twelve months and are capable of participating in cheerleading, gymnastics, dance and related activities.*
9. *All monies paid to Maryland Twisters in any capacity are NON-REFUNDABLE, NON-TRANSFERRABLE, and UNASSIGNABLE regardless of reason. I agree that any attempt by Maryland Twisters, Inc. to collect monies not paid by myself resulting in a collection agency, attorney, or court involvement, I will be responsible for the payment of all collection fees, court costs and attorneys' fees incurred by Maryland Twisters, Inc. and/or myself. I understand that late fees and/or penalties may be applied to all past due payments and/or returned checks.*
10. *I acknowledge that Maryland Twisters, Inc. has the right to either suspend or dismiss any participant/customer for any offence, by participant or family member, which we deem detrimental to the entire Maryland Twisters, Inc. organization.*

I have had sufficient opportunity to read this entire document. I have been given the opportunity to consult an attorney for any reason regarding this document or in the event I did not understand any provision of this document. By signing below, I have read the document and understand it and I agree to be bound by its terms.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____
(signature required here)

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

In consideration of _____ (print minor's name) ("Minor") being permitted by Maryland Twisters, Inc. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold Maryland Twisters, Inc. 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 Signature: _____ Print Name: _____ Date: _____
(signature required here also)



Agreements/Policies: Code of Conduct, Technique Policy, Handbook Acknowledgement

→ Parent MUST initial each section and sign at the bottom.

I have shared this information with my athlete and they are aware of these Policies and Agreements.

→ _____ Code of Conduct for Athletes and Parents

I recognize that parents are the most important role models for their children and athletics help achieve a sense of teamwork, self-worth, and sportsmanship. I encourage my child to play by the rules and respect the rights of others. I understand that it is important to enforce the rules of the Maryland Twisters, respect the sport of cheerleading, and not criticize the judges' decisions during or after a competition. In addition, Athletes of the Maryland Twisters are expected to follow the rules of the program and remain in good standing with their fellow teammates and coaches.

→ _____ Technique Policy

Tumbling technique needs to be a top priority for every single athlete, parent and coach. Technique scores set apart the top ranking teams from their lesser competitors. Our focus has switched from rapid progression to skill perfection prior to progressing to the next level. Attaining skills through this new approach will enable our athletes to achieve their goals in a healthy and positive manner. Proper technique will help minimize the chance of an athlete sustaining an injury. Reinforcing skill progression even though athletes still need corrections in elementary skills is detrimental to their training. The most common examples of skill imperfections include:

- Arched backs in handstands and back handsprings
- Head out and legs apart or bent in back handsprings
- Dropped shoulders and heads out in back tucks

All of these habits are key points that need to be corrected to successfully perform a tumbling skill that is ready to move onto the next level. Altering technique can be a scary change for some athletes. Often when making these corrections, success does not happen right away. Failure may occur on a skill that an athlete has performed for years, but this should not deter the athlete from making the adjustment. A tumbling portfolio will be kept on each athlete on what skills they will be allowed to work on in classes, privates, and team practices. An athlete must be signed off in several level appropriate skills in order to move forward in tumbling. Technique is a large part of each tumbling category, i.e., legs together, legs straight, head positioning, no arch in back. This will be enforced and monitored regularly. The safety and success of your athlete is a priority to the Twisters staff.

→ _____ Stay to Play Policy Many competitions have implemented a Stay to Play Policy which requires **ALL** performers, coaches and spectators to make **ALL** room reservations through the housing company designated by the competition producer. Teams and/or individuals that don't abide by this policy will be ineligible to participate.

→ _____ Handbook Acknowledgement

I will download and read the Maryland Twisters 2017-2018 Athlete & Parent Handbook from the Maryland Twisters website. I will share this document with my athlete. I fully understand this document is a contract between myself, my family, and the Maryland Twisters.

Your signature below indicates your acknowledgement of and agreement to these policies:

→ _____
Parent's Signature & Date

Parent's Printed Name

MARYLAND TWISTERS, INC.
STATEMENT OF FINANCIAL COMMITMENT – 2017-2018

I have read and fully understand my financial commitment to the Maryland Twisters, Inc. outlined in the handbook and below.

I understand that my commitment is for the 2017-2018 competitive season. Monthly Tuition and Allstar Fees are due the 1st of the month. You have a grace period until the 10th of the month. After that your account will be charged a \$25 late fee.

I understand that I am required to sign up for FACTS, the automatic debit system used by Maryland Twisters, Inc. to collect monthly Tuition and Allstar Fees. I understand that failure to sign up for FACTS will result in an additional administrative monthly fee of \$15. I understand that I may request a change to my scheduled FACTS payment 2 times per season at no cost. Any change requests after that will be processed at an additional processing fee of \$15 per change.

I understand that any payments made after the due date will result in a late fee of \$25 automatically charged to my account.

I understand if I miss ANY scheduled payments, my athlete risks the chance of being removed from practice or immediately removed from the Maryland Twisters, Inc. program.

I understand that I will forfeit ANY monies paid, if I choose to leave a team, decline an alternate position, or I am asked to leave the program.

I understand that ALL monies paid are non-refundable.

I understand that Maryland Twisters, Inc. has the right to require payment in FULL (ENTIRE SEASON) for monies owed for pre-rendered services, uniforms, etc., if there were payment issues in previous years/seasons with The Maryland Twisters, Inc.

I understand my athlete will NOT be allowed to attend classes, private lessons, attend Twister's functions or receive uniform, practice wear, warm-ups, team photos, etc. or purchase items from our Pro Shop if Maryland Twisters, Inc. accounts become past due.

I understand that I am entering into this program of my own free will.

Parent Signature _____ Date _____

Parent Name Printed _____

Pre-Participation Physical Evaluation

(This section to be completed by physician/nurse practitioner/physician assistant)

PHYSICAL EXAMINATION

DATE OF EXAM _____

NAME _____

DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ PULSE _____ BP _____

	NORMAL	ABNORMAL FINDING	INITIALS
<u>MEDICAL</u>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
<u>MUSCULOSKELETAL</u>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			

CLEARANCE This section MUST be filled out and signed physician, nurse practitioner, physician assistant

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- Not cleared for [Sport(s)]: _____ Reason: _____
- Recommendation: _____

Name of physician/nurse practitioner/physician assistant _____ Date: _____

Address: _____ Phone: _____

Signature of physician/nurse practitioner/physician assistant: _____

The section below to be completed by athlete and parent/guardian:

Name: _____ Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Address: _____

Explain "Yes" answers below.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up/sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently taking any medications, including inhalants? If yes, what? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently diagnosed with any condition(s) that would affect your sport? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers here: _____

We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of Athlete: _____ Signature of parent/guardian: _____ Date: _____