

**TRYOUT AGREEMENTS & FORMS**  
**MARYLAND TWISTERS 2018 – 2019**  
**IASF Non-tumbling Open Coed Level 5 Worlds**



**HANOVER:**

7460 New Ridge Road, Suite 100

Hanover, MD 21076

Phone: 410-766-8729 Fax: 410-766-7517

**Athlete Evaluations: Sunday January 6, 2019 6:00 – 8:00 pm**

Interested athletes must be 14 years old by December 31<sup>st</sup>, 2019  
and must have Level 5 Stunting experience.

For additional information please email Tom Stec at  
[tom@marylandtwisters.com](mailto:tom@marylandtwisters.com)

**TRY OUT FEES:**

Pre-registration \$15 WITH complete paperwork including birth certificate,  
physical, & picture.

*No incomplete packets will be accepted for pre-registration.*

Day of tryouts: \$15 WITH complete paperwork  
\$25 if paperwork is incomplete

***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 WALLET-SIZE PHOTO**
2. 2018-2019 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 2018 – 2019 ATHLETE TRYOUT # \_\_\_\_\_  
**ATTACH WALLET-SIZE PICTURE TO THIS FORM**

**ATHLETE INFORMATION:**

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of 12/31/19 \_\_\_\_\_  
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 or Athlete over the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

**T-Shirt Size (Please circle size)**

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





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**

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.

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. Excellent technique is a large part scoring. 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 2018-2019 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:

→ \_\_\_\_\_  
Signature & Date of Parent or Athlete over  
the age of 18

\_\_\_\_\_  
Printed Name of Parent or Athlete over  
the age of 18

# MARYLAND TWISTERS, INC.

## STATEMENT OF FINANCIAL COMMITMENT – 2018-2019

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 2018-2019 competitive season. **Monthly Tuition and Allstar Fees are due the 1<sup>st</sup> of the month. I have a grace period until the 10<sup>th</sup> of the month. After that my account will automatically be charged a \$25 late fee.**

I understand that I am strongly encouraged 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 have my monthly fees processed through 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 if my FACTS payment returns three times, I will be taken off the FACTS system and will be subject to the \$15 administrative monthly fee. In addition, my payments will be due on the first of each month payable in cash or credit card only. After the 10<sup>th</sup> of the month, a late fee of \$25 will automatically be charged to my account.

I understand that if I am fundraising and paying at the gym instead of using FACTS, I WILL be charged the \$15 administrative monthly fee regardless of whether or not my account is current or I carry a balance. Additionally, my payments are still due by the 1<sup>st</sup> of the month regardless of whether or not my fundraising money has come in.

I understand that costs associated with attending Worlds, the Summit, The One, and any other awarded event not on our competition schedule, are NOT included in the Monthly Fees. Parents are responsible for any additional costs to attend these competitions including covering expenses for coaches. I understand that the turn-around time for paying these fees may be short once a bid is received.

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 if my athlete quits during or after choreography I will be assessed a \$500 Inconvenience Fee and will not be refunded any monies paid. This includes tuition, Allstar fees, Worlds fees, Summit fees, or any fees associated with award events.

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.

Signature of Parent or Athlete over the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Athlete over the age of 18 \_\_\_\_\_

# 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: \_\_\_\_\_