

## TRY OUT CHECKLIST

We look forward to working with you at try outs. Be sure to arrive with these items already completed:

- ☐ Copy of Birth Certificate and ID
- ☐ \$30 Try Out Fee- Paid with Credit Card on file
- ☐ Try Out Release Form/ Application
- ☐ Team Roster Information
- ☐ Head Shot/ School Picture
- ☐ KWSA Registration Form
- ☐ KWSA Waiver Form
- ☐ Completed Financial Agreement with credit card information; a credit card is required to be kept on file.

**IMPORTANT:** Please be sure to double check all of your information. Contact information needs to be legible. All paperwork and monies are due the first day of try outs before you will be allowed out on the floor.

# APPLICATION

plz  
write  
clearly &  
legibly

ATHLETES FIRST NAME

LAST NAME

STREET ADDRESS

CITY, STATE, ZIP

BIRTHDATE

AGE AS OF August 31, 2013

GRADE IN SCHOOL

PHONE

EMAIL

## CIRCLE YOUR SKILL LEVEL

### TUMBLING SKILLS

STANDING

Back Walkover

Back Handspring

Toe Touch BHS+

None

RUNNING

Cartwheel Backwalkover

Roundoff BHS

ROBHS Tuck+

None

### STUNTS

BASE

Thigh Stand

Prep

Prep Lib

Extended Lib

BACKSPOT

Thigh Stand

Prep

Prep Lib

Extended Lib

FLYER

Thigh Stand

Prep

Prep Lib

Extended Lib

Would you accept ANY position on ANY Key West Sports Academy Twistars team? YES NO

If NO, which level/position are you interested in being considered for? \_\_\_\_\_

Please understand that you must be true to your level and meet requirements for the level in order to be considered.

Would you be interested in "crossing over" and participating on two teams? \_\_\_\_\_

Additional applicable fees will be assessed, including tuition (\$100 crossover per session), competition fees (\$600), and choreography (\$250).

Are there any scheduling conflicts that you are expecting? \_\_\_\_\_

(Other sports, church, etc) We do our best to work around scheduling conflicts for the good of the team!

## DESCRIBE ANY MEDICAL PROBLEMS OR INJURIES

Please list who the participant may be released to in case of an emergency and the parents cannot be reached:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ CELL # \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

## TREATMENT / PUBLICITY / LIABILITY RELEASE WAIVER

I have read the information contained in the Competitive Cheerleading 2014-2015 packet, in which this application can be found, in its entirety and agree to abide by all rules/standards/agreements stated therein. I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for treatment. I acknowledge that the above participant must have his/her own medical insurance. I understand that cheerleading camps, competitions, practices, clinics, and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Key West Sports Academy LLC at their own risk and will not hold Key West Sports Academy LLC employees and/or instructors liable for any and all injuries that may occur while participating in the cheerleading. The undersigned does hereby grant Key West Sports Academy and its successors, the unrestricted right to use the undersigned's name, likeness, or appearance on any Key West Sports Academy publications and in any form, content or medium to promote or market key West Sports Academy LLC. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on the claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Key West Sports Academy LLC of the undersigned's name, likeness, or appearance.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YOUR ROSTER INFO

Communication is important at Key West Sports Academy. To help us keep in touch with you on a regular basis, with date changes and also in the event of an emergency, please fill out the form below.

ATHLETES FIRST NAME

LAST NAME

ATHLETES EMAIL

ATHLETES CELL PHONE

HOME PHONE

FATHERS CELLPHONE

MOTHERS CELL PHONE

MOTHERS EMAIL

FATHERS EMAIL

## CLOTHING SIZE

Our Athlete's wear professional, consistent clothing and uniforms to practices and competitions. Please use the chart below and circle the size of each clothing item. Choose sizes carefully as they are custom made and not exchangeable! All uniform pieces must fit SNUG, loose clothing is an extreme hazard!

CLOTHING	YOUTH SIZES				ADULT SIZES				
T-Shirt	X-Small	Small	Medium	Large	X-Small	Small	Medium	Large	X-Large
GK Brand Fitted Shorts	X-Small	Small	Medium	Large	X-Small	Small	Medium	Large	X-Large
GK Brand Fitted Top	X-Small	Small	Medium	Large	X-Small	Small	Medium	Large	X-Large
GK Cheer Leotard	X-Small	Small	Medium	Large	X-Small	Small	Medium	Large	X-Large

## OPTIONAL GEAR: Order by May 5<sup>th</sup>

Custom Order Competition Warm-Up Jacket (\$198):

Child Size (X-Small-Large) \_\_\_\_\_

Adult Size (X-Small- X-Large) \_\_\_\_\_

Fitted Dry-Tech Warm-Up Pants (\$40):

Child Size (X-Small-Large) \_\_\_\_\_

Adult Size (X-Small-X-Large) \_\_\_\_\_

## DID YOU KNOW?

★ Cheerleading dates back to 1877 at \_\_\_\_\_ University.

★ The first organized cheer teams were all-\_\_\_\_\_.

★ \_\_\_\_\_ began dominating cheer around World War II.

★ The \_\_\_\_\_ first included cheer teams in the 1960's.

★ Key West Sports Academy was founded in the year \_\_\_\_\_.

Office Use Only			
REG 5/5 \$35 PD	____/____	\$	_____ #_____
PC 5/5 \$150 PD	____/____	\$	_____ #_____
CHOREO 5/5 \$250			
	PD ____/____	\$	_____ #_____
COMP FEES 5/4 \$600			
	PD ____/____	\$	_____ #_____
WARM 5/5 \$198 JACK		\$40 PANT	
	PD ____/____	\$	_____ #_____

Answers: Princeton, male, Women, National Football League, 2010

# FINANCIAL AGREEMENT

THIS FORM IS DUE AT TRY OUTS

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

understand that in exchange for participation in the Key West Sports Academy cheerleading program:

- I understand and agree that tuition payments are due the first practice of each session.
- I understand the Choreography fee, Camp Fee, Registration fee, Practice Clothes, Uniform, Shoes, Warm-ups and Bag, Competition fees and registration fees are all additional costs that are due on their exact due dates.
- I understand that a payment schedule for all fees has been provided in the Team Handbook.
- I understand that there are no refunds for illness or injury or team dismissal. I am obligated to pay for the entire season per the fees outlined in the KEY WEST SPORTS ACADEMY TWISTARS ALLSTAR CHEERLEADING 2015-2016 PACKET.
- I understand that I am subject to a late fee charge of \$15.00 for every payment not made on the exact due date. Excessive tardiness in payments will be grounds for my child not competing, possible dismissal and my being sent to a professional collection agency.
- I also understand and agree that as a parent/guardian signing the contract; I am solely responsible for the Tuition, Registration Fees, Travel Fees, Uniform/Warm-ups/Practice Clothes, Choreography/Music, Competition Fees, and Camp Fees. **All Fees are non-refundable.**
- **I understand and agree to allow Key West Sports Academy LLC to charge the card and / or bank check card (with major credit card symbol) that I have provided below in the case that I do not get my payments in on the designated due dates. Key West Sports Academy will allow a 15 day grace period after the due date before charging the card. I guarantee that the card and number provided are valid and accurate. I understand that my try-out fee will be charged to the card provided below at try-outs.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CREDIT CARD / BANK CHECK CARD

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

\_\_\_\_\_  
CARD NUMBER

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

\_\_\_\_\_  
EXP DATE MM/YY

\_\_\_\_\_  
CVV CODE

\_\_\_\_\_  
ZIP CODE

BILLING ADDRESS

- ☐ I authorize Key West Sports Academy to charge the above card for the 2014 open tryout fee in the amount of \$30.00
- ☐ Please charge my card listed above TUITION ONLY according to the payment schedule.
- ☐ Please charge for all fees and tuition according to the payment schedule.

SIGNATURE of the person on card \_\_\_\_\_

Parent/Legal Guardian of \_\_\_\_\_ (Print name of team member)

PRINT Name of Parent/Legal Guardian \_\_\_\_\_

SIGNATURE of Parent/Legal Guardian \_\_\_\_\_

Effective May 5<sup>th</sup> 2015

\*You may still pay monthly with cash or check; however a credit or bank check card is still required to be on file and will be charged accordingly for any late payments. 14

# 2014-2015 REGISTRATION FORM

## Key West Sports Academy

(305)896-2458 [www.KeyWestSportsAcademy.com](http://www.KeyWestSportsAcademy.com) 700 Truman Ave [Suzanne@KeyWestSportsAcademy.com](mailto:Suzanne@KeyWestSportsAcademy.com)

Yearly Registration Fee of \$35 is due at registration. Registration fees last one year from September 1 and will not be prorated. Your registration fee entitles you to gym membership and all the benefits pertaining to being a member of KWSA including discounted admission to special events, member only functions, etc.

All classes are subject to minimum as well as maximum enrollment requirements. If we find a class does not meet the requirements, you will have the option of transferring to another class. If your first choice class is full you can be put on a waiting list, students currently enrolled will be given priority for wait listed classes.

*Payment for Class Fee/ Registration must accompany this form. All payments are NON-REFUNDABLE.*

**Please complete the form below and check the sessions you will be attending.**

### TUITION 12 WEEK SEMESTER RATES

PARENT&TOT / PRESCHOOL	\$195	DEVELOPMENTAL GYMNASTICS	\$255
TUMBLING	\$255	ACROBATIC GYMNASTICS	\$255

### TUITION 4 WEEK SESSION RATES

PARENT&TOT / PRESCHOOL	\$75	DEVELOPMENTAL GYMNASTICS / TUMBLING	\$95
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ALL PRE COMPETITIVE AND COMPETITIVE PROGRAMS ARE INVITATION ONLY IF YOUR CHILD WISHES TO BE CONSIDERED  
PLEASE SPEAK TO SUZANNE

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (REQUIRED)

HOW DID YOU HEAR ABOUT KWSA? \_\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**KWSA Office Hours: Monday-Thursday 4:00-6:30pm**

#### **12 WEEK SEMESTERS**

( ) SEMESTER 1: 8/18-11/8: August 18 ( ) SEMESTER 2: 11/10-2/28: November 10  
(Closed for THANKSGIVING 11/23-11/30 Closed for Winter Break 12/14-1/4)  
( ) SEMESTER 3: 3/2-5/30: March 2 (Closed for SB 3/22-3/29)

#### **4 Week Sessions**

( ) Session 1: 8/18-9/13: August 18	( ) Session 2: 9/15-10/11: September 15
( ) Session 3: 10/13-11/8: October 13	( ) Session 4: 11/10-12/13: November 10
( ) Session 5: 1/5-1/31: January 5	( ) Session 6: 2/2-2/28: February 2
( ) Session 7: 3/2- 4/4: March 2	( ) Session 8: 4/6- 5/2: April 6
( ) Session 9: 5/4- 6/1: May 4th	<b>CHECK ONLINE FOR MONDAY HOLIDAYS</b>

#### **For Office Use Only**

Date Rec. \_\_\_\_\_ Ck# \_\_\_\_\_ Amt. \_\_\_\_\_ RateCode \_\_\_\_\_ WVR \_\_\_\_\_ Sib \_\_\_\_\_ ICP \_\_\_\_\_ CContact \_\_\_\_\_

## KEY WEST SPORTS ACADEMY, LLC. WAIVER FORM

STUDENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
EMAIL \_\_\_\_\_ (REQUIRED)  
MOTHERS NAME \_\_\_\_\_ FATHERS NAME \_\_\_\_\_  
CELL \_\_\_\_\_ EMERGENCY # \_\_\_\_\_ BUSINESS \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

If so please describe: \_\_\_\_\_

How did you learn about Key West Sports Academy? \_\_\_\_\_

### Key West Sports Academy, LLC.

#### MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

In consideration of participation in the Key West Sports Academy, LLC., Program, herein after referred to as KWSA, and being allowed to participate in any class or team program, the parent(s) and/or legal guardian(s) or the minor participant below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any KWSA activity or event and regularly thereafter, that he or she should inspect the facilities and equipment used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all KWSA Rules and the USA Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that:
  - a. There are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis, and death.
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
  - c. These risks and dangers may be caused by negligence of the participant or the negligence of others.
  - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of KWSA, other participants, coaches, instructors, sponsors, advertisers, owners, and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/we agree that the Consent and Assumption of Risk Statement covers each and every event or activity sponsored by KWSA. I HAVE READ THE ABOVE AND SIGN THIS FORM VOLUNTARILY.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

#### PERMISSION TO TREAT (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

Please  
Complete  
the other  
side!

OVER ->

Please use the following waiver:

When you have any participant that is a **minor**.

\*\*(Parent or Legal Guardian should sign the name of the minor.) Also have the parental consent portion signed by the Parent and /or Legal Guardian.

**This waiver**, when the parent gives parental consent for the minor, **does NOT cover the parent** if something should happen to the parent. **This waiver only covers the minor.** If the Parent decides to participate in the same activity as the minor please **Make sure the Parent also signs the other waiver in addition to this waiver.**

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

In consideration of participating in the **gymnastics, cheerleading, dance classes, birthday party, or field trip** I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable 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 my participation in the Activity.

I hereby release, discharge, and covenant not to sue **Key West Sports Academy, LLC.**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any 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 future 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 Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian