

KEY WEST SPORTS ACADEMY

TWIST★RS

DAZZLERS

ALL STAR PREP DANCE TEAM



**2017-2018
PROGRAM
INFORMATION**

www.KeyWestSportsAcademy.com

700 Truman Ave - Key West - FL - 305.896.2458

DANCE@KEYWESTSPORTSACADEMY.COM

Join the Key West Sports Academy Family!

Thank you for your interest in the Competitive Prep Dance Program at Key West Sports Academy! We are proud to offer this exciting opportunity for young dancers to explore dance in a semi-competitive environment. The Competitive Prep Dance program is designed to teach the basic technique of dance while preparing a full routine to be competed in the Prep category at competitions. It is a wonderful opportunity to discover the desire and skills of your athlete.

We are proud to offer a dedicated coaching staff committed to the concept of sportsmanship and team building. Our expectation is that all our dancers respect each other, their coaches and their fellow competitors. We feel that it is important for our participants to learn about the structure of organized programs, both in the studio and at competitions. We believe that with this knowledge our dancers gain confidence and meet team goals. We consistently promote achievement and the pursuit of excellence with all our dancers.

We appreciate your interest in our Competitive Prep Dance program and look forward to working with your dancer.

Sincerely,
Suzanne Wilbarger, Owner
Suzanne@keywestsportsacademy.com

“Helping today’s youth achieve their personal best through our commitment to

instill:

*respect,
structure
and
confidence*

in each athlete within a fun and safe environment.”

Why All Star Dance?

TEAM WORK- Unlike studio dance teams, All Star Dance teams must focus on the team as a whole, the team is only as strong as the weakest player, as a result every team member has an equally rewarding, positive experience.

RETURN ON INVESTMENT- Want your child to have the opportunity to participate on a collegiate team? Collegiate dance teams are essentially all star dance teams! Scholarships are available for collegiate dancers.



REGISTRATION INFORMATION

Joining a team is simple! Attend the team placement clinic(s) for your age group and receive a team placement!

At the clinic dancers will learn 4-6 eight counts of choreography, and technical skills in both jazz and hip hop.

Dancers will be assigned to a team via email with practices beginning Monday September 11th.

PLACEMENT CLINIC SCHEDULE

FRIDAY SEPTEMBER 8TH

Age 4-6 4:00-5:00PM

Age 7-11 5:00-6:00PM

Age 12+ 6:00-7:00PM

SATURDAY SEPTEMBER 9TH

Age 7-11 1:00-2:00PM

Age 12+ 2:00-3:00PM



TEAM PLACEMENT CHECK LIST

- KWSA Registration Form
- KWSA Liability Waiver
- Dance Team Form (in this packet)
- Financial Agreement (in this packet)

FINANCIAL OBLIGATIONS

Thank you for your careful consideration of the financial commitment involved with participating in our Competitive Prep Dance program. At Key West Sports Academy, we are up front with our costs.

Team Tuition covers practice time, choreography & music, and allows you to take additional dance classes for 50% off the normal tuition price.

Team Fees cover competition entry fees, costumes, USASF membership and various other expenses. Team fees are non-refundable for any reason.

All KWSA families are required to pay the yearly registration fee of \$35 per athlete.

TEAM FEES: \$480

7 MONTHLY TUITION PAYMENTS: \$125

CHEER CROSSOVER ATHLETES

\$400 TEAM FEES

\$115 SEVEN MONTHLY TUITION PAYMENTS

Competitive Prep Dance Registration Form

Return this registration form with payment by September 9, 2017 to Key West Sports Academy 700 Truman Ave Key West FL.

Dancer's Name _____ Home Number _____

Age as of 08/31/17 _____ DOB _____

Parent's Name _____

Address _____

City, Zip _____

Are you currently enrolled in classes at KWSA? _____ Yes _____ No

Athlete's Fitted Tank Top Size: *circle one*

Youth: XS S M L XL Adult: S M L

Are there any scheduling conflicts that you are expecting? Please include non-refundable vacation plans and mandatory school events that you are aware of. (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 # _____

NAME _____ RELATION _____ CELL # _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

TREATMENT / PUBLICITY / LIABILITY RELEASE WAIVER

I have read the information contained in the Competitive Cheerleading 2016-2017 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: _____

FINANCIAL CONTRACT

THIS FORM IS DUE AT BEFORE YOU WILL BE PLACED ON A TEAM

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 dance program:

- I understand and agree that monthly tuition payments are due the first DAY of each session.
- I understand and agree that I am responsible for keeping track of due dates, reminders may or may not be sent out.
- I also understand and agree that as a parent/guardian signing the contract; I am solely responsible for PAYMENTS.
- Furthermore I understand that the Team Fees, Choreography fee, Camp Fee, Registration fee, Practice Clothes, Uniform, Warm-ups and Bag, and Competition fees are all additional costs that are due on their exact due dates.
- I understand that **all Fees and Payments are non-refundable.**
- 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 this packet.**
- I understand that I am subject to a late fee charge of \$25.00 for every TUITION payment not made on the exact due date.
- I understand that I am subject to a late fee charge of 20% for every FEE payment not made on the exact due date.
- I understand that excessive tardiness in payments will be grounds for my child not competing, possible dismissal and my account being sent to a professional collection agency.
- If I choose to leave the program prior to April 9th, 2018 I am subject to a \$100 buy-out fee plus the remainder of the fees for the season.

Parent's Signature: _____ Date: _____

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 10 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.

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 first monthly tuition payment and KWSA registration fee (\$35).
- I authorize Key West Sports Academy to charge all payments and late fees on the tenth day past their due date.
- Please charge the card listed above for all Fees and Tuition in one lump sum on September 11th 2017. **10% discount on tuition!**

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 1, 2017

*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 payments not made by the due date.