TRYOUT NUMBER:_____

2019-2020
SI SPIRIT ALL STAR
TRYOUT PACKET
[TINY PROGRAM]

64B MARJORIE STREET, 120 ANDROVETTE STREET | STATEN ISLAND, NY 10309 | 718-966-4588 | SISPIRIT@AOL.COM

WWW.SISPIRIT.COM

Overview

WELCOME TO THE SI SPIRIT ALL STAR FAMILY!

Please read through this packet in its entirety and return to the front desk, completely filled out, on your first practice day with any payments due at first practice.

PLACEMENTS:

Check the website (SISPIRIT.COM) for your team placement. Placements will posted by Sunday, May 19th by 10pm. *You will be listed by your tryout number*.

SIGN UP DAY & FIRST PRACTICE:
Date and time will be listed on the Placements page.

FAQ and PROGRAM OVERVIEW:

Q: What will my athlete be learning on Tiny Pre-Team?
A: Our Tiny Exhibition cheerleading team is a beginner team that teaches the very basic fundamentals of cheerleading. These young athletes will learn basic tumbling skills, motion sections and beginner level stunting that will be comprised into a 1:30 second routine. This allows your child to grow and develop as an athlete and learn the values of responsibility and team work at a basic level from our professionally trained coaching staff. We offer a **stress free, cost effective, fun and friendly** environment for your child to develop these skills as an all star cheerleader.

Q: How much will it cost?
A: We have attached complete price breakdowns for our program on Page 3.

Q: How many days a week do we practice?
A: Teams practice 1 day a week for 1 hour starting in June through April. However, there are times when extra practices may be added. All extra practices are mandatory to ensure that even our tiniest athletes are ready for their performances.

Q: What is the traveling involved?
A: For our beginner program, no traveling is involved. All events will be within driving distance. This group will attend 3 events through the season from December to April. The event schedule will be given in September.

Q: What kind of commitment is SI Spirit All Stars?
A: All athletes are expected to attend every practice and event to ensure proper progression and growth for both the individual and team as a whole. However athletes are in the gym for minimum hours per week and events are local and max out at 3 for the season.

Q: USASF Age Grid as of August 31, 2019.
A: Tiny 3-6 yrs old; Mini 5-8 yrs old; Youth 5-11 yrs old; Junior 5-14 yrs old; Senior 11-18 yrs old

Expense Sheet

Sibling Discount: 15% off each additional child (tuition only) of equal or lesser value.

Pre-Team All Star Pricing:

FEE	AMOUNT	DUE DATE
Registration Fee	$45	Commitment Night
Mandatory Practice Wear	$55	
USASF Participant Fee	$30	
Sneakers	$100	
Tuition June-April	$60	1st / Each Month
Competition Uniform	$185	July 15th
Warm-Up Jacket *(Optional) Pants*	$55/$45	August 15th
Competition Bow ($30), Music ($60), Hair Piece ($35)	$125.00	
Competition Fee	2 Payments of $120	Sept. 15th & Oct. 15th

FUNDRAISING:
***** To help alleviate costs, sponsorship forms and order forms for worlds finest fundraising will be made available in the "Member's Area" of **SISPIRIT.COM**.

AUTO PAY:
If you would like to use the automatic payment option to have these fees automatically charged on their due date, you may select that option on the "Credit Card Authorization Form" located on PAGE 6.

ALL Expenses MUST be paid by their due date. NO EXCEPTIONS. Any outstanding balances will be charged to your credit card on file, along with a $15 late fee without notice. No child will be permitted to participate unless all necessary paperwork and payments are handed in.

MEASURMENT DAY:
We will have a designated day and time for athletes to come and get measured for uniform, warmups, practice ware and sneakers. We will do our best to scheduled this on one of your athletes practice days.

MEMBERS AREA:
All information, paperwork, competition schedule, dates will be posted here throughout the season. Please check here periodically. Temporary Password is : ***tryouts2019 (no caps, no spaces)***

CONTACT:
Teams and parents will use ***BAND APP*** *to communicate throughout the season.*

Important Dates and Gym Closings

Possible Competition Dates: ***** THIS SCHEDULE IS TENATIVE AND SUBJECT TO CHANGE ** We will perform at showcase and 2 additional events.***

*****FINAL SCHEDULES WILL BE IN THE MEMBERS AREA BY SEPTEMBER*****

Showcase : TBD - Staten Island, NY ***(Weekend in November or December)***

Saturday - 1/4/2020 - Philadelphia, PA

Saturday - 1/18/2020 - Trenton, NJ

Saturday - 3/21/2020 - Trenton, NJ

Gym Closings:

Memorial Day | May 27th
Gym Closed | July 17th
Independence Day | July 1st - 5th
Labor Day | September 2nd - September 6th
Halloween | October 31st
Thanksgiving | November 28th
Christmas | December 23rd - 25th
New Years | December 31st & January 1st
Palm Sunday | April 5th
Easter | April 12th

If possible, please schedule vacations within these dates so practices are not missed. Excessive absences will not be permitted.

BY SIGNING BELOW YOU UNDERSTAND AND AGREE TO THE INFORMATION ABOVE

ATHLETE NAME _____ TEAM _____

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Absentee Form

Absence Policy

Summer and winter practice schedules will be given out once teams have been made. All practices are MANDATORY. Each practice is important for the success of each team. Abuse of our attendance policy will be grounds for dismissal from the program.

If for any reason an athlete MUST miss practice for an excused reason, a coach of the team must be contacted directly prior to practice. DO NOT CALL THE GYM, we may not be open yet.
Some unexcused absences are but not limited to: Birthday parties, school dances, homework, non-graded school functions, concerts, other sports and games.

Vacation Dates / Known days of absence

Below, Please list any currently known vacation and absences. This form **does not** excuse your athlete from important practice dates, choreography dates and competitions. A coach should be contacted with a reminder of any dates listed on this form.

PLEASE BE AWARE THAT EXCESSIVE ABSENCES ARE NOT PERMITTED.

1:_____ Date from: _____/_____/_____ To: _____/_____/_____

2:_____ Date from: _____/_____/_____ To: _____/_____/_____

3:_____ Date from: _____/_____/_____ To: _____/_____/_____

4:_____ Date from: _____/_____/_____ To: _____/_____/_____

Reminder: A coach must still be contacted prior to these missed dates to remind them you will not be there.

Athletes Full Name:_____ Team:_____

Please initial below to acknowledge your understanding of the SI Spirit Vacation Dates, Missed Practice & Choreography policy above:

INITIAL_____

MANDATORY

Credit Card Authorization Form

-Athletes will NOT be permitted to participate without this form on file

64B Marjorie Street – 120 Androvette Street
Staten Island, NY 10309
(718) 966.4588Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your Visa, MasterCard, Discover card or American Express to avoid late fees and hold a good financial standing on your account.

Late Payments:
Any payments past due by 5 (or more) days (based on the All Star Expense Sheet) will have this card charged for the amount due along with a $15 late fee without notice.

INITIAL_____

Please complete the information below:

I _____ authorize SI Spirit Inc. to charge my credit card indicated below for
(Cardholders full name)

_____ for payment of my 2019-2020 All-Star Cheerleading Fees as indicated
(Athletes full name)
below. **This form, also, herby authorizes SI Spirit Inc. to charge this card for any payment 5 days past due with a $15 late fee and no notice.**

Billing Address_____ Phone # _____

City _____ State _____ Zip _____ Email _____

Card Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Cardholder Name _____

Card Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Exp. Date (mm/yy) ____/____

CVV (3 digit number on back of Visa/MC, 4 digits on front of Amex) _____

I Would like:

- ☐ **ONLY TUITION** charged on the 1st of each month
- ☐ **ALL FEES** charged on their scheduled due date
- ☐ **Please only use this card for delinquent payments 5 days past due.**

I authorize the above named business to charge the credit card indicated on this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until the seasons' end, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

AUTHORIZATION SIGNATURE_____DATE _____

Contract Agreement

- **All SI SPIRIT logos and names are protected by copyright laws. DO NOT duplicate our logo, colors with team names, or any other type clothing. Anyone that attempts to sell or give away items with SI Spirit logos or likeness will be in violation of our policy. Included but no limited to, Air brush, printed and/ or bling clothing.**

- **I understand that if I quit or I am removed from the program, I will not be entitled to a refund and/or am still responsible for paying outstanding fees of any kind. This includes all monies paid to SI Spirit Inc. including prepaid expenses such as competition fees, practice clothing, uniform, tuition, registration etc.**

- **I understand that to ensure the proper training, progression and safety of our athletes, NO ATHLETE is allowed to participate in other gyms Classes, Private Lessons, Open Gyms etc. If an athlete is found attending other gyms, they will be subject to dismissal from the program.**

INITIAL_____

- I understand that if my child cannot attend any choreography, clinics, or camps, competitions etc. they **WILL NOT** be allowed to participate in SI Spirit's All-Star program for this season.
- I will not be involved in any matter of disrespect towards any members of SI Spirit Staff, Parents or Cheerleaders. Negative behavior from a parent or athlete are grounds for removal of the program.
- I understand that good sportsmanship must be conducted at all times, by both parents and cheerleaders.
- No gossip about any other team or member will be tolerated by any parents and/or cheerleaders.
- I will not participate in any negative gossip or communications that adversely affect SI Spirit. This includes but is not limited to: **Facebook, Twitter, Tumblr, SnapChat, Instagram or any other websites.**
- I understand that the coaches reserve the right to suspend any athletes or parents participation in activities at SI Spirit or SI Spirit's functions as disciplinary actions.
- I understand the importance of punctuality and will arrive to all scheduled events and practices on time and that all practices are MANDATORY. I understand I (athlete) MUST be in correct practice clothing including practice bow and sneakers.
- I understand the Team Parent Policy discussed in the parent meetings and I will RESPECT the Team parent and their role given.
- I understand that athletes are required to wear the appropriate practice attire to every practice.
- I will not hold, or threaten to hold my child from practice or competition as a form of punishment.
- I understand that all competitions are mandatory.
- I understand that all athletes at SI Spirit are expected to arrive at practices and competitions on time with a positive attitude, and give their best effort in every endeavor.
- I understand that all tuition fees and other expenses are to be handed in on time, failure to do so will result in a late fee and the credit card on file will be charged. I understand that SI SPIRIT INC reserves the right to adjust, change or add fees if needed. I understand this is a 12 MONTH commitment for competition teams.
- I understand this is a travel team and all participants are expected to attend all competitions including The Summit and all other travel events scheduled. SI SPIRIT INC reserves the rite to adjust or make changes to their event schedule at any time.
- Any one threatening to quit or pull their child from a team will be asked to leave the program.
- I understand that no parents, guardians or spectators are permitted in the practice area at any time unless invited by a staff member.
- Each athlete must assume a role that is best suited for their team. It is important that everyone accept his/her role and position on the team in which they are placed.
- Practices may be changed or added throughout the season. It is the responsibility of the child to bring home any paperwork or messages provided.
- I will maintain and/or improve the skills I performed at tryouts through hard work and dedication.
- I will not post any SI Spirit music, choreography, routines, stunts etc. on any website.
- I understand that this is a competitive team and I must be 100% committed, 100% of the time.
- I understand that If a competition has a Stay To Play Policy, ALL room reservations MUST be made through the housing company designated by the competition producer. Teams and/or individuals that do not abide by this policy will be ineligible to participate.

I have read EVERY page of the SI Spirit All Star Packet in its entirety and agree to abide by all rules and regulations. I also understand that failure to do so may result in dismissal from the program.

Athlete Full Name (Printed):_____ Athlete Signature: _____ Date: _____

Parent Full Name (Printed):_____Parent Signature:_____ Date: _____

Contact Form

Please provide the contact information for both parent and child that can be used by staff to inform you about important updates and information throughout the season.

PLEASE PRINT CLEARLY

Athlete Full Name:_____ Team:_____

Athlete Email: _____@_____.com

Athlete Cell Phone:_____

Parent Full Name:_____

Parent Email: _____@_____.com

Parent Cell Phone:_____

Parent Full Name:_____

Parent Email: _____@_____.com

Parent Cell Phone:_____

Additional EMERGENCY Contact:_____

Email: _____@_____.com

Cell Phone:_____

Relationship to athlete:_____

Team Parent Volunteer Form

-THIS POSITION WILL BE CHOSEN AT RANDOM AND WILL BE GIVEN OUT DURING THE SECOND WEEK OF PRACTICES-

Team Parent Roles and Responsibilities

The team parent designated for each team will be responsible for the following: (Please note, roles may be added and taken away as we feel they are necessary. Not all roles will be mandatory for all teams. Details will be discussed after the team parent is chosen:

- Organizing at least 2 Team bonding days. Examples: Pizza party, bowling, movie night, crafting, ect.

- Meeting the team on competition days to ensure all athletes are present, dressed and makeup is on and they use the restroom. Coaches competition schedules get overlapped at times so this will help get our teams in order for a calm and organized competition experience.

-Organizing at least 2 Fundraising days where each team will go canning to raise funds for the season.

Please initial below to acknowledge your understanding of the Team Parent Volunteer Role:

INITIAL_____

Team Parents are NOT coaches and should only assume the role and tasks given by the head coach, director, or SI Spirit staff member. Any team Parent that breaks this code of conduct will be removed from the position immediately. All team parents must resume a positive role to help assist the coaches when needed. Team parents will not be allowed to hold meetings, fundraisers, team bonding, or send out messages unless first given permission by the coaches. Team parent MAY not engage in any negative discussion about any parent or child.

INITIAL _____

PARENT CONTACT INFO

PRINT PARENT NAME: _____

PRINT ATHLETE NAME: _____

TEAM YOU ARE VOLUNTEERING FOR: _____

PARENT CELL PHONE: _____

PARENT EMAIL : _____ @_____.com

By signing this form you are agreeing to the terms of the team parent

PARENT SIGNATURE _____ DATE_____/_____/_____

Sizing Form

Athlete Full Name:_____ Team:_____

PRACTICE WEAR IS MANDATORY TO BE PURCHASED.
Sizing form and payment are due at the first practice meeting.
****Please note that no returns or exchanges are able to be made on all ordered clothing****

****Initial_____***

Circle a size for each category that will be used for your mandatory practice wear

Tank Top

YXS YS YM YL AXS AS AM AL AXL AXXL (+2.50) OTHER_____ (+2.50)

Quantity:_____

Sports Bra/ Male compression Tank

YXXS YXS YS YM YL YXL AXS AS AM AL AXL AXXL OTHER_____

Quantity:_____

Sneaker Size

_____

OFFICE USE ONLY: ($55)

Amount Paid:_____ CC Cash CK #_____Date: _____ Staff Initial _____

******Please note ALL athletes will need to purchase their own BLACK compression shorts as part of our practice wear this year. In effort to reduce cost and ensure all athletes are wearing their correct practice outfit we have only done ONE design that will be worn to ALL practices. You are allowed to purchase as many sets as you feel are needed.*********

****Initial_____***