# **2022-2023 REGISTRATION FORM**

Copy of Birth Certificate is required for NEW ATHLETES under USASF

Athlete's Name:		D.O.B/	unuer
Billing Address:	City:	Zip Code:	
Phone:	School:		
Email Address:			
Mother's Name:	Work:	Cell:	
Father's Name:	Work:	Cell:	
Emergency Contact:	Pho	one:	
I, the parent or legal guardian of the above to participate in gymnastics, tumbling, che hereafter referred to as "EAS". By grantir responsibility for "student's" personal safe may arise due to any injury including death which "EAS" is participating elsewhere.  I understand there is a personal risk in any serious injury and disability, or death.	eerleading, or any other physical acting permission for the "student" to pery and release "EAS", its supervisors in to "student" by reason of the "student"	ivities while a student at Evolution All St participate in programs at "EAS", I asso s and employees from any and all liabilident's" participation in any activity at "EA	tars, LLC ume full ities that AS" or in
I declare the "student" has been seen by cheerleading and tumbling.	a physician and is cleared to partic	cipate in physical activated such as gyn	nnastics,
I understand that all monthly tuitions at "E sure "EAS" receives my full monthly tuition or I will be charged a \$20.00 late fee.			
I understand that I must pay an annual regi	stration fee of \$45.00 to enroll in any	y activities at "EAS"	
I understand any payment for my account "EAS" does not refund tuition and or registi	·	eason will incur a \$30.00 fee, and I und	derstand
I have read, unders	tood and executed this release	e and acknowledgment:	
Signature	Date		



## 2022-2023 AUTO DEBIT AUTHORIZATION FORM

I have read and understood the financial policies of Evolution All Stars, LLC. I am authorized to sign on the account listed below. I certify that all the information below is complete and accurate. I hereby authorize Evolution All Stars, LLC. to collect payment for fees due by processing a debit to the account listed below on the first of each month or if payment has not been received by the 5<sup>th</sup> of the month. I understand that if the debit should be returned, a \$25.00 returned item fee would be assessed.

#### Payment is accepted via Zelle, Popmoney or directly from your web banking institution.

I,, authorize Evolution Al card account indicated below in accordance with the Term	
Athlete's Full Name:	
Name as it appears on the card:	
Type of Card: □ Visa □ MasterCard □ AMEX □ Disco	ver
Credit Card Number:	Exp. Date:
Last three/four digits on back of your card "CCV":	Billing Zip Code:
I certify that I am an authorized user of this credit card and that I will so long as the transaction corresponds to the terms indicated in this f	
Signature:	_ Date:

Evolution All Stars will keep all information entered on this form strictly confidential and secured at all times. All Credit Card Transactions will be charged an extra 5% for every credit card transaction.

For Official Use Only

Example: \$100 @ 5% = \$5 per every \$100 transaction

Try-Out-Fee	
Registration May-22	
June-22	
July-22	
August-22	
September-22	
October-22	
November-22	
December-22	
January-23	
February-23	
March-23	
April-23	



## PARENT & ATHLETE CODE OF CONDUCT

In the gym athletes and parents are expected to follow certain guidelines to help us make the best learning atmosphere possible. **WINNING IS DOING OUR VERY BEST!!!** 

- ONLY registered athletes and or Authorized Personnel are allowed inside the gym area.
- ❖ Cell phones must be left outside of the practice area. Cell phones will be collected at the beginning of practice and returned as soon as practice is over.
- Evolution All-Stars is not responsible for any personal items lost or stolen.
- ❖ I understand that all athletes are required to wear the appropriate practice attire to every practice. Hair up and proper shoes to each practice.
- ❖ I will not participate in any "hearsay" that may impact Evolution All Stars.
- ❖ I will not use the Evolution All Stars name in any type of negative representation on any form of social media. (i.e. Group chats, Facebook, Twitter, Instagram, Blog, TikTok, etc.)
- ❖ As a parent, I will not hold my child from practice or competition as a form of punishment.
- I will conduct myself with respect and integrity, always displaying positive sportsmanship.
- ❖ I will not use inappropriate language.
- ❖ I understand it is necessary for an athlete to be moved from one team to another.
- ❖ I understand that the parent viewing area should be a positive atmosphere.
- ❖ I understand that this is a <u>ONE YEAR</u> commitment for the season, I will honor my commitment. If the season is extended due to obtaining a BID, you and your athlete must remain committed until the season ends.
- ❖ I understand that if I quit and or I am removed from the program, I will not be entitled to a refund of any kind. Parent(s) and or Legal Guardian(s) is responsible for any balance due at the time of quitting and or removed from the program.
- All athletes and parents must submit proper information during registration period to Evolution All Stars and check emails, Group Chat(s) daily for any and all updates.
- NO FOOD OR GUM are allowed in the gym!
- ❖ Absolutely **NO JEWELRY** is allowed during practice or competitions.
- All injuries must be reported to the coach immediately. A doctor's clearance will be required after any injury before returning to practice.
- Any Athletes that breaks contract will be subject to a probationary period or removal of the team a the coaches and program director.
- ❖ Effective August 1st, 2022 up to April 30, 2023 all unexcused absence will have a penalty of \$50.00.
- Absolutely NO possession/Consumption of alcoholic beverages, any illegal drug or controlled substance at any event are allowed.

#### Disclaimer:

At Evolution, we always discourage negative use of the Internet or any type of negative verbal behavior. Our staff always expects our families to practice the same at home. Our Staff enforces a Zero Tolerance Policy for any type of negative behavior from our athletes, families, and/or visiting friends. Evolution All Stars will NOT take, nor should we be expected to take responsibility for any personal issues outside of the gym. Any outside issues should be addressed; accordingly, Evolution All Stars and/or the GYM should not be used as a foundation for any outside issues.



# **2022-2023 EVOLUTION ALL-STARS RELEASE FORM**

Athlete's Name:	т	Today's Date:	
Address:	City:	State:	Zip:
Home Phone#:	Birthdate:	//	Age:
Mother's Name:	Work:	Cell:	
Father's Name:	Work:	Cell: _	
In case of an emergency, contact (other tha	ın parent or guardian):	·	
Relationship:Pho	one:		
authorize Evolution All Stars, its directors, coac above name's child in the event of a medical enthe authority, and agree to indemnity Evoluti incurred by them in the exercise of such authori I understand that participation in dance and che of physical injury. (Minimal, serious, or catastroagree that my son/daughter is assuming the ris him/her, I hereby release, discharge, and hold b all claims for personal injury that may arise from classes, sessions, or activities.  In addition to the above authorizations, I he personnel to administer immediate treatment to	ches, or other represental mergency. I hereby hold ion All Stars and all perity.  eerleading classes, session ophic). Knowing the risk sk of such physical injury plameless Evolution All Start or relate to my son/darereby grant my permise	atives, to obtain r harmless Evolution ersons for any lia ons, or other active is of such participe by by his/her participaters, as well as all aughter's participates	medical treatment for the on All Stars, LLC as well as bility, expense, and cost vities involves a possibility ation, I acknowledge and cipation and, on behalf of employees, from any and ation in Evolution All Stars physicians and medical
Parent's Signature:	Da	ite:	
Parent's Name:	(Please F	Print)	
Insurance Carrier Co:		Policy #:	
Physician:	PI	hone #:	
Allergies:			
Current Medications:	Other Pertin	ent Medical Issu	les:
Notary's Seal:			
Notary's Signature:			





# ACKNOWLEDGMENT & COMMITMENT TO EXCELLENCE

As the parent(s)/guardian and athlete(s), we have read and hereby confirm that I have read and understand Evolution All Stars. LLC rules and regulations. I understand that this manual is a guideline and an aid to being an effective athlete and parent/guardian at Evolution All Stars, LLC, I promise to uphold and abide by the rules set forth. We realize that Evolution All Stars reserves the right to change, amend or assess the stated policies and procedures as deemed necessary on a case-by-case basis.

I understand, acknowledged and agree, that it is my responsibility to read and become familiar with the contents of all paperwork provided by Evolution All Stars, LLC. I have also read the financial policies and procedures. I understand that it is my responsibility as a parent/guardian, to follow through with my child's financial obligations associated with tuition and other fees during the current competition season. Should I fall behind or fail to make payments, I recognize that my child's involvement with the Evolution All Stars program will be jeopardized. I also understand that if my athlete quits or is released from Evolution All Stars program, at any point throughout the season, I will continue to be financially responsible for the fees in full and no refunds will be granted. I understand that these fees are expected to be paid in accordance with the assigned payment schedule. I also understand that if my athlete is listed as an alternate for the team, that I am financially responsible for the year in full whether they compete or not.

ATHLETE'S NAME	PARENTS NAME
SIGNATURE	SIGNATURE
DATE	DATE



#### BRANDING PRO SHOP APPAREL POLICY

- EVOLUTION ALL STARS logo(s) also known as EAS, including and not limited to name and design must be exclusively purchased through the Evolution All Stars Pro Shop on our website and or directly at our Location, 11921 SW 130<sup>th</sup> St. Unit 405, Miami, Florida 33186.
- All and or any Banners, T-shirts, Bags, Bows, promotional items, etc. with an identifiable logo design not purchased through Evolution All Stars Pro Shop or at our location, will not be permitted. Teams, Parents, Family, Fans etc. will not be allowed to wear unauthorized apparel at any time.
- If a sponsor wants to buy an item for an entire team; the sponsor must contact Evolution All Stars through our webpage or visit our location. Sponsors will stablish direct communication with Evolution All Stars owner and or directors for sponsorship procedure.
- Only Authorized Personnel for example, Team Mom's, Coaches and Staff are authorized to collect money to purchase any merchandise items including goody bag and miscellaneous items or any other non-mandatory items.
- Evolution All Stars Owner and Directors has sole authority on apparel designs (including sponsored items). All merchandise items must go through and be preapproved by Evolution All Stars administration. If a design is made, must be approved by Evolution All Stars.
- Anyone that attempts to sell or give away items with the Evolution All Stars logo(s) will be in violation of our branding apparel policy and will be addressed by gym administration. Penalties may apply.

Evolution All Stars, LLC and its Board of Directors has established a brand and it was not an easy task; till this very day we continue to take this policy very seriously. Please help us protect the name of our Founder Gerry, who worked very hard for it!

I'll do it for you, if you do it for me!

I understand the above stated Evolution	All-Stars branding policy	y terms and agree	to abide by it for the
duration of my child's participation in the	<b>Evolution All-Stars Cheer</b>	r program.	

Parent/Guardian Signature Date