

SNS LIVE INFORMATION PACKAGE

WELCOME...

We want to welcome you to the SNS Live Cheerleading Program! We are excited about taking your skills to the next level. Whether you are a beginner or at the advanced level WE are ALL SNS LIVE Cheerleaders.

The Stomp-N-Shake "SNS" Live cheerleading program is an athletic cheerleading group comprised of talented youth that reside in Charlotte, N.C. and surrounding areas ages, 7-17. Being an SNS Live Cheerleader is a high profile activity. The name of the organization and colors on the SNS LIVE uniform shall be worn with the utmost respect, dignity, honor, pride, & SPIRIT! Members of SNS LIVE are a direct reflection of the SNS Live staff, organization, and the Charlotte community. Because of the breadth of visibility that SNS Live cheerleaders will be exposed to it is imperative that members of the SNS LIVE program place themselves with high esteem, be role models, and act accordingly both on and off the field/court.

Our mission at SNS Live is centered on building each student athlete's skills from beginner to advanced levels of cheerleading. Our goal is not repetitive competition events. WE are interested in teaching youth how to cheer, as well as, expose them to various types of cheerleading skills from all levels. SNS Live cheerleaders will learn how to perform traditional cheerleading, stunting, tumbling, dance, stomp and shake styles (NC & VA styles). Our program will perform at college games, community events, and at two competitions a year.

Overall, our program will focus on developing the entire cheerleader. At SNS it is not about constant competition, it is about equipping our cheerleaders with the skills to be successful in every aspect. In shaping our cheerleaders mental, social, and physical stability to acquire skills that are transferable to everyday life through grade school, college and beyond. Again, welcome and we look forward to an awesome opening season and creating countless memories!

Sincerely,

Grace Hines, Cheerleading Operations Director
Amarisha Adams, Head Coach

OFFICIAL REGISTRATION FORM

GENERAL INFORMATION

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

Years of Cheer and / or Dance Experience, Yes ___ or No ___ if yes, please list:

Cheer (Amount of Time)	Dance (Amount of Time)	Other (Amount of Time)
Ex: Cheer 2 years	Ex. Dance 2 years	Gymnastics 2 years

PARENT INFORMATION

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Cell: _____

(Include area code with telephone)

Parent/Guardian email: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Emergency contact*: _____

Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No ___ Yes ___

If so, please specify: _____

Parent Signature: _____ Date: _____

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KEYS TO A SUCCESSFUL SEASON

Squad Duties

- I. To be committed to personal and team excellence in being role models for others and our community.
- II. Be loyal, honest, and respectful to coaches, academic counselors, staff, parents, peers, and yourself.
- III. 100% effort at all times. Push yourself and teammates to continually improve yourself and the program. Be the best STUDENT-ATHLETE YOU CAN BE!
- IV. Demonstrate excellent sportsmanship within our program, in our community, and while attending events / performances.
- V. Remain in good academic standing at all times. GPA requirement is 2.3 GPA. Student-athletes are required to submit their report cards each quarter/semester for review.
- VI. Arrive to practice, events, and performances on time. **Arriving early is on time, AND arriving on time is late.**
- VII. When student-athletes arrive to practice, events, and performances they are to come READY meaning, practice clothes, uniforms, warm-ups with hair/make-up done.

Practices & Performances

- I. Practices will be held at Johnson C. Smith University (we will specify where on campus in the monthly calendar).
- II. Every month we will have a LONG TERM GOAL for our program to reach. That goal will be split into short-term goals that focus on something each week.
- III. Practice attire is mandatory at every practice, indicated in monthly calendar
 - No jewelry or Gum is allowed in practice
 - No Cell phones, ALL PHONE MUST BE TURNED OFF!
 - When performing: *Please eat before performances*
- IV. Cheerleaders will PERFORM AT THE HIGHEST LEVEL! WE ARE ENTERTAINERS!
 - The SNS Live Cheerleading program will not entertain unfavorable spectator or opposing team reactions at ANY TIME! *Parents are expected to abide by the same*
 - The SNS Live Cheerleading program will EXECUTE every performance with SKILL & CLASS!
- V. Practices will consist of 2-3 Times a week: *Please eat before practice*
 - Athletic conditioning, strength training, and cardio.
 - Stretching

- Skill practice: ALL TECHNIQUE MOTIONS & JUMPS! STOMPS, SHAKES, MATERIAL CONSTANTLY!!!
- Performance: WE WILL DRILL PERFORMANCE...CONSTANTLY.
- We welcome cheerleaders who are already participating in cheer at their current school and/or dance programs. However, cheerleaders who will dually participate as an SNS LIVE member and high/middle school cheerleader must at least attend 4-5 practices a month.

VII. We will film practices & performances. This film will be used for our program and coaches to conduct film day practices.

Attendance and Absence Policy

- I. Attendance to all practices, events, & performances is mandatory.
- II. All tardies and absences (excused or unexcused) will be recorded.
- III. If a cheerleader is to arrive late or miss an event, they are required to give a 24-hour, at the latest, notice by phone and email correspondence. Anyone who does not give proper notice will be given an unexcused absence or tardy.
- IV. After three absences/tardies a meeting with the coach, cheerleader, and parent will take place to understand why the absences / tardies and come to a solution.

Excused Absences:

1. Consideration to those will be given should a cheerleader fall ill or a family emergency (death in the family).
2. Doctors appointments - Cheerleaders must present a doctor's note.
3. We need to know if a cheerleader attended school for the day. If a cheerleader did not they will not participate in the day's event or practice.

Unexcused Tardies & Absences:

1. Unexcused tardies to practices, events, or performances will result in conditioning after practice.
2. Missed practice will result in cheerleader sitting out for next practice and performance.
3. Missed performance will result in automatic sitting for next practice and performance.

****At anytime the Director or Coaches can increase the sitting out of additional practices and performances****

Tuition

- I. Tuition is \$35.00 per month and is due on the 1st of every month, parents will utilize the parent portal on www.u-fit365.com website to pay tuition.
- II. Tuition for SNS Live cheerleaders that participate in high/middle school cheer will pay a pro-rated rate. SNS Live cheerleaders that participate dually in our program must attend 4-5 practices a month.

- III. Tuition is non-refundable with the exception of illness, moving out of state, or other viable reason discussed with directors.
- IV. Start up fees are separate from monthly tuition. Fees include: Practice, Performance Gear, & Essential accessories package.

Fundraisers

- I. The SNS Live program will conduct various fundraisers throughout the season.
- II. A percentage of the fundraisers will go towards SNS Live travel for events, materials/equipment and towards cheerleader balances.

Scheduling

- Calendar Scheduling will be given one month in advance
- Monthly parent meetings will cover: updates on tuition, calendar, program goals, events (planning to arrive at events), etc.
- For parent meetings, traveling, practice, etc. a group message will be formed to ensure we communicate the same information to everyone.

Parents

Parents will utilize our parent portal located on our u-fit365.com website to manage your cheerleaders account. Parent portal will be available August 1.

Parent portal will allow you to:

- Pay tuition
- Submit paperwork
- Update cheerleader sizes
- View practice calendar

We ask parents to:

- That confidentiality between coach, parent, and athlete is respected at all times.
- To support the SNS Live Cheerleading program at events & performances.
- To schedule a meeting with head coach in regards to any concerns cheerleading skills, performances, policies & procedures, or squad conflicts please contact the coach to request a meeting. Our goal from meeting with our parents is about a positive outcome.
- It is important that parents do not approach the coach at practices or events. Attention needs to be on the student-athletes and the mission of what we are accomplishing.

CUSTOMER PAYMENT INFORMATION

GENERAL INFORMATION

Athletes Name: _____ Athletes Team Name: _____
Payor's Name: _____ Home Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____ Alternate Number: _____
Payor's Email Address: _____

SET UP REOCCURING PAYMENT

Tuition is due by the 1st of each month.

- 1) GO to website www.u-fit365.com
- 2) CHEER WITH US! tab
- 3) SET UP

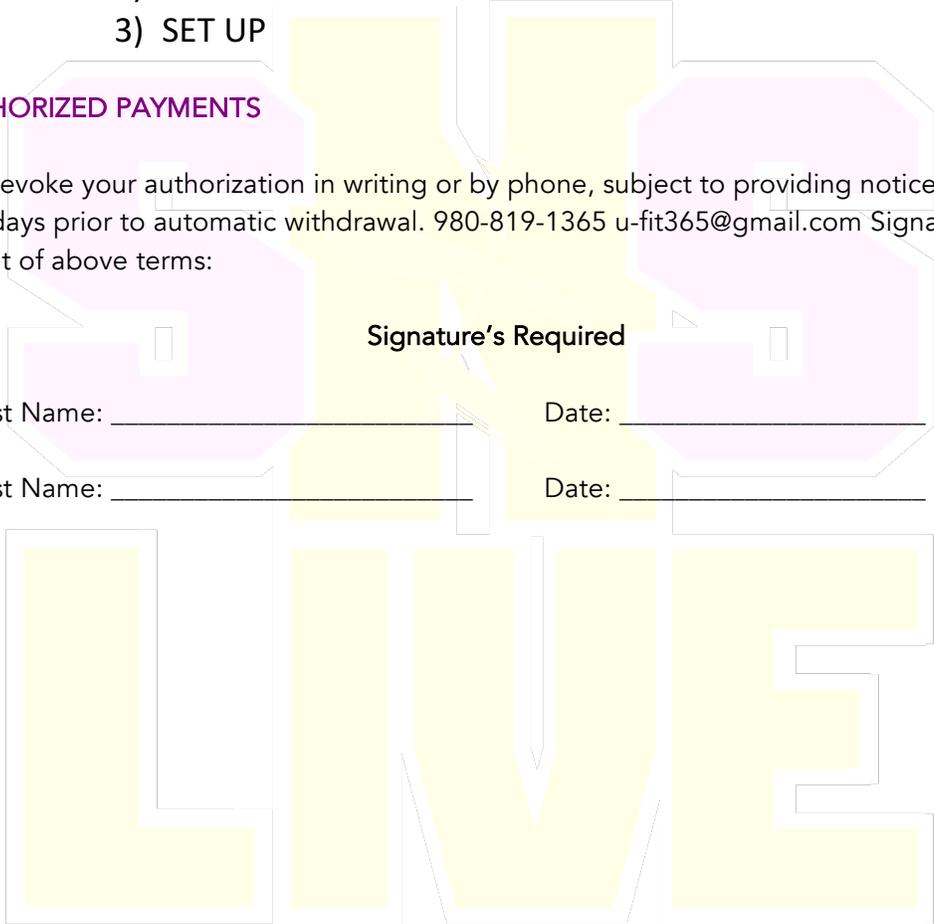
PRE-AUTHORIZED PAYMENTS

You may revoke your authorization in writing or by phone, subject to providing notice of 10 business days prior to automatic withdrawal. 980-819-1365 u-fit365@gmail.com Signature states agreement of above terms:

Signature's Required

First & Last Name: _____ Date: _____

First & Last Name: _____ Date: _____



SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use, and Related Activities.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with _____, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result in frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge, and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releases.

10 North L.L.C..

JE Consulting, Inc. DBA UFIT

Johnson C. Smith University

Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur because of my engaging in the above activities.

3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

4. This agreement shall apply to all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement. This release shall be binding fully permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/ _____

Name of Adult Participant (Please Print) Date

S/ _____

Signature of Adult Participant Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her

release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/ _____

Signature of parent or adult legal guardian. If participant is a minor, and by their signature, they on my behalf release all claims both they and I have.

SPORTS PHYSICAL FORM

Name: _____ Gender: M F Date of Birth: __/__/__

Father's Name: _____ Daytime phone, pager, cell phone: _____

Mother's Name: _____ Daytime, phone, pager, cell phone: _____

Street address: _____

City: _____ State: _____ Zip Code: _____ Home phone: _____

Alternate Emergency Contact Person: _____ Daytime phone: _____

Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.: _____

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports.

Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? YES__ NO__ Don't Know__

2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? YES__ NO__ Don't Know__

3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? YES__ NO__ Don't Know__

4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? YES__ NO__ Don't Know__

5. Does the athlete have a history of concussion (getting knocked out)? YES__ NO__ Don't Know__

6. Has the athlete ever suffered a heat-related illness (heat stroke)? YES__ NO__ Don't Know__

7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? YES__ NO__ Don't Know__

8. Does the athlete take any medication(s)? YES__ NO__ Don't Know__

9. Is the athlete allergic to any medications or bee stings? YES__ NO__ Don't Know__

10. Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries) YES__ NO__ Don't Know__

11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more YES NO Don't Know consecutive days of practice or competition? YES__ NO__ Don't Know__

12. Has the athlete had surgery or been hospitalized in the past year? YES__ NO__ Don't Know__

13. Has the athlete missed more than 5 consecutive days of participation in usual activities? YES__ NO__ Don't Know__ because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?

14. Are you, the athlete, worried about any problem or condition at this time? YES__ NO__ Don't Know__

Please give details on any "YES" answer from the above health history.

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision: R _____ / _____ uncorrected R _____ / _____ corrected L _____ / _____ uncorrected L _____ / _____ corrected

Normal Abnormal Findings Initials

	Normal	Abnormal	Initials
1.Eyes			
2.Ears, Nose, Throat			
3.Mouth & Teeth			
4. Neck			
5.Cardiovascular			
6.Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Please Print/ Stamp

Physician's Name

Street Address

City, State, Zip Code

Telephone

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature _____

Date _____

PARTICIPATION RESTRICTIONS, if any:

