



EXPRESS Cheer Force Team Policies

ALL STAR PREP CHEER

2019 – 2020 SEASON

132 Central Street Milford, MA 01757 / 508-478-9222 /
www.expressdanceandacro.com/expressda5678@gmail.com

EVALUATION DATES:

SATURDAY, OCTOBER 5, 2019

12:00-1:30pm (for a private evaluation email the gym)

TIME COMMITMENT

All team members must attend all practices, competitions and performances. Committing to these events is a huge part of being a team member. Express Cheer Force team members will be participating in competitions throughout the 2019-2020 season. Our competition schedule will be announced at the Parent Meeting in November. Choreography for competition routines are created based on the number of athletes on each team. If athletes are unable for any reason to participate in practice, it's a hardship and disruption to others to relearn spacing and/or choreography. It is also difficult for the coach to have to re-choreograph a part of or the entire routine. Therefore, being a member of Express Cheer Force requires an increased level of commitment from both the athletes and their families.

HALF YEAR TEAM: Practices are intended to improve upon technique, strength, agility, flexibility and tumbling. All Team Members are required to attend these classes each week.

START DATE: November 1, 2019 – MAY 2020

WEEKLY PRACTICE: 4 hours

- Friday's: 6:00-8:00pm and Saturday's: 12:00-2:00pm

VACATIONS: We ask you to plan your family vacations accordingly.

- **December School Vacation:** Practice will be held. Schedule TBD. We are close to the competitive season at this point and are preparing the routines accordingly.
- **February Vacation:** Practice will be held. Schedule TBD. We are in the midst of the competitive season at this point and are preparing the routines accordingly.
- **April Vacation:** Schedule TBD.

COMPETITIONS:

Regional Cheer Competitions:

- **HALF YEAR TEAM:** A schedule of 4-5 regional competitions for will be provided at the evaluation. Typically, we attend 1 to 2 competitions per month from February through May.
- Regional Competitions are generally held 1-2 hours away in Massachusetts, Rhode Island, Connecticut, and New Hampshire.
- Competitions are usually scheduled for Saturday and Sundays. It is important to keep competition weekends clear.
- You will not receive time schedule until 3-5 days before the event.

2019-2020 COMPETITION / SHOWCASE & EVENTS:

January 2020- Gym Showcase for Family & Friends @ EXPRESS

4 Competitions Scheduled February-May 2020: TBD

*May 2020 – US Finals

May 2020 – End of Season Banquet

*Must qualify/receive a bid!

ATTENDANCE:

- Please note there are only 2 unexcused practices from November 1, 2019 through May 2020.
- Unexcused practices include and are not limited to the following: Work, other team practices, babysitting, appointments, family vacations / gathering, concerts, punishments at home or school, poor grades, failure to obtain a ride, etc.
- Excused practices include: Extreme sickness and a death in the family. A doctor's note will be requested.
- If any practice is missed within 4 practices before a competition an athlete can be placed on alternate status for that competition.
- Athletes and/or parents must contact the gym via email (expressda5678@gmail.com) at least 2 hours prior to practice with any attendance issues.
- If an athlete is injured or unable to participate, they are still required to come to sit at all practices, competitions and events.

FINANCIAL COMMITMENT

REGISTRATION/CHOREOGRAPHY/MUSIC & OPERATIONAL FEES: All EXPRESS Cheer Force team members must have a current registration form on file with EXPRESS Dance & Acrobatics that includes updated email and telephone numbers. All information must be kept up to date. Any changes of phone, address, and email or payment information must be emailed to expressda5678@gmail.com

- ANNUAL REGISTRATION FEE is \$30.00 per team member. The registration fee is non-refundable.
 - A completed registration form, a signed payment contract & waiver agreement. Registration is suggested to be done online – ECF Cheer Page - www.expressdanceandacro.com
- CHOREOGRAPHY/MUSIC FEE: \$100.00 per team member.
- OPERATIONAL FEE: \$50.00. Any cost pertaining to coaches & travel.

TUITION:

HALF YEAR TEAM: Please be aware that tuition is based on a 7-month cheer school year (November– May). Monthly tuition fees remain the same regardless of the weeks in the month, school vacation closings, or the number of absences in a month. Monthly Tuition: \$110.

- Family rate: 1st sibling= full fee, 2nd= 20% off, 3rd= free
- Tuition is due within the first week of every month.
- Account statements will be emailed within the first week of the month.
- A LATE FEE of \$15.00 will be automatically charged if payment is not received by the 15th of the month.
- EXPRESS strongly suggests a credit card be put on file at the time of registration to be charged when tuition is not received by the 15th of the month to avoid late fees. Credit Card Authorizations can be found at the desk.
- RETURNED CHECKS will be charged a \$20.00 late fee.

PAYMENT OPTIONS:

- Cash, Checks, Visa, MasterCard, Amex or Discover are welcome.
- Payments may be paid by Online Portal, Automatic Credit Card Withdrawal, mailed to the studio, dropped off at the desk, or placed in the drop box.
- Please request receipts for all cash payment.

COMPETITION ENTRY FEES: Each competition charges entry fees. The cost is \$40-\$130. You will be billed 1-3 months in advance for competition fees.

- A LATE FEE of \$15 will automatically be charged if payment is not received by the 15th of the month of payment is due.
- Automatic Credit Card withdrawal can be set up for competition fees.
- If your payments are 60 days outstanding, your cheerleader(s) may not be eligible to compete.

COMPETITION UNIFORM & PRACTICE WEAR:

- **ALL STAR PREP Member Uniform:** \$195.00
 - Includes: competition uniform & competition bow.
 - *The uniform cannot be ordered without full payment.*
- **ALL STAR PREP Member Practice wear:** \$55.00
 - Includes: 1 practice uniforms & practice bow.
- Additional Items Needed:
 - Cheer shoes- approximately \$75-\$95. We will be purchasing shoes for those who need or want new shoes!
 - Competition Hair: <https://cheerleaderhairpieces.com/>- approximately \$35-\$40
 - "Winner" Style 10"
 - Makeup: <https://prettygirlcosmetics.com/express-cheer-force> (same as 2018-19) approximately \$35-\$40

COMPETITION NOTES:

- Competitions admission fees for spectators can range from \$10.00 - \$40.00 for the weekend. This depends on the competition and venue.
- Parking can be an additional cost based on venue and parking location \$10.00 - \$40.00
- Hotel Blocks may be available depending on the competition. Some Competitions require a stay to play, meaning we have to stay at the hotels they offer. Communications will go out as soon as possible regarding room blocks.
- Vendors and commissions are available at MOST competitions.

OTHER FEES:

USASF

- Governing Body for All Star Cheer to provide consistent rules, safe environments, drive competitive excellence and promote positive image for the sport. All athletes, coaches and team personnel must have a membership to be at competitions. Fee= \$35

WITHDRAWAL from the Program:

- In the event of the decision to withdraw from the program before the end of the season, it is mandatory that a "Notification of Withdrawal" be emailed to expressda5678@gmail.com
- A \$50 REMOVAL FEE per team will be applied to the final balance of an athlete withdrawing after December 1, 2019
- A final account balance will be determined by the return date of the "Notification of Withdrawal."



CREDIT CARD AUTHORIZATION FORM

STUDENT NAME: _____

Cardholder Name: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____ /

Billing Zip Code: _____

I hereby authorize EXPRESS Dance & Acrobatics, LLC and/or EXPRESS Cheer Force to charge my credit card according to the EXPRESS Cheer Force

_____ **FULL YEAR TEAM PAYMENT SCHEDULE**

_____ **HALF YEAR TEAM PAYMENT SCHEDULE**

Card Holder's signature _____



EXPRESS Dance & Acrobatics, LLC

ALL STAR PREP

132 Central Street Milford, MA 01757

Phone: 508-478-9222 / Email: expressda5678@gmail.com

Website: www.expressdanceandacro@gmail.com

EXPRESS Cheer Force Registration Form

Athlete's Name: _____

Home Address _____.

City/State: _____ **Zip:** _____

Home Phone: _____ **Athlete's cell phone** _____

Athlete's Date of Birth ____/____/____

Age on August 31, 2019: _____ **Athlete's grade for 2019/2020:** _____

Athlete's Email: _____

Prior Cheer Experience: _____

Contact #1 (parent/guardian) Name: _____

Relationship to Athlete: _____

Work phone: _____ **Cell phone:** _____

Email: _____

Contact #2 (parent/guardian) Name: _____

Relationship to Athlete: _____

Work phone: _____ **Cell phone:** _____

Email: _____

I, _____ have read and agree to the terms of EXPRESS Dance & Acrobatics, LLC & EXPRESS Cheer Force All Star Team Policies.

I am enrolling _____, _____, _____.

I am responsible for this/these students' fees as stated in this packet through the end of the 2019-2020 cheer season.

I choose the following payment option to pay for student(s) fees:

(Please choose one option)

1. ____ Automatic Credit Card payment.

2. ____ Monthly payments in the form of online portal, cash, credit, check or money order.

Signature: _____ Date _____

EXPRESS Dance & Acrobatics, LLC/ EXPRESS Cheer Force Medical Treatment Authorization and Liability Release

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading and tumbling gymnastics at EXPRESS Dance & Acrobatics, LLC (EDA) / EXPRESS Cheer Force (ECF). In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervisor to obtain medical treatment for my daughter/son for any such injury or illness during the activity. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such illness or injury through her/his participation, and I further release EXPRESS Dance & Acrobatics, LLC, and its staff, agents, employees and representatives and EXPRESS Cheer Force from any and all claims for personal illness or injury that my daughter/son may sustain during participation in said activities. I further understand EXPRESS Dance & Acrobatics, LLC (EDA) / EXPRESS Cheer Force has established rules and regulations pertaining to conduct, behavior and activities of all students and cheerleading participants, by which my daughter/son must abide during participation in said activities, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations. I further grant permission to EDA and ECF to photograph my daughter/son during the aforementioned activities for use in publications and advertisements to promote EDA, ECF and affiliated companies.

ACTIVITY DESCRIPTION

CHEERLEADING AND TUMBLING ATHLETICS including but not limited to tumbling, stunting, jumping, cheerleading, dancing, conditioning and related exercises/ physical activities. Instruction can be done in a camp, clinic, class or team practice setting. This Authorization also releases EDA and ECF along with any facility that may be rented for cheerleading competitions. This release is in effect for a full year from the date this is signed. This form must be kept current and it is the participant's parents' or guardian's responsibility to notify EDA, and ECF in writing, with any proposed changes. DATE: _____

MEDICAL INFORMATION STATEMENT

My daughter/son is in good physical condition and currently is under no restrictions with regard to physical activity. If my child is in need of Medical attention, and I cannot be reached immediately, I grant permission for my child to receive the necessary medical attention by a health care provider selected by EDA.

EXISTING MEDICAL CONDITION(S): _____

MEDICATION(S): _____

ALLERGIES _____

INSURANCE COMPANY: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE: _____

PREFERRED HOSPITAL: _____

EMERGENCY CONTACT NAME

(NOT SELF): _____ PHONE: _____

I/we have read and fully understand all of the above information and attest that given medical information is correct.

PARENT/ LEGAL GUARDIAN SIGNATURE _____ DATE _____