

Action Athletics Cheer Information Packet

Half Year Cheer Teams

This program (ACCT) requires commitment! Competitive Cheerleading is a TEAM sport. This means that one athlete’s lack of commitment can affect the entire team’s success. We want our cheer program to be a great success and enjoyable for all of those who are involved. With our amazing coaching staff and cooperation of parents and athletes, we are sure to have a successful season.

Staff

- Kaitlyn Bonner – Cheer Manager
- Breezy Oliver – Assistant Manager/ Coach
- Kelsey Grider – Coach
- Abby Manney – Coach

Forms of Communication

Action will communicate directly to parents using email and the Band App. Exact details will be given to you at the parent meeting.

Showing Procedures

A message will be sent out before the competition that will include all showing details. Athletes should arrive at the gym with their showing shirt, bow, and lipstick on!

FINANCIAL OBLIGATION OVERVIEW

Monthly Payments

- Monthly Tuition
- Choreography

Cost

\$160
\$50

Due Date

1st of each month
February 1, 2024

Monthly Tuition Payments Include:

- Tuition for Team Practices
- Competition & Showing Fee
- Music Fee
- Coaches Fee
- Practice Shirt
- Bow

Other Mandatory Expenses

- Uniform
- Gym Registration Fee
- Administration Fee

Cost

\$130
\$45
\$30

Due Date

February 1, 2024
Yearly on your anniversary
March 1, 2024

I have read and understand “The Financial Obligations” thoroughly and will abide by its contents throughout the entirety of the 2024 season. I understand that I will pay my tuition fees every month on the 1st of the designated month’s tuition. I understand that my last monthly payment will be paid May 1st 2024. I understand that if payment is not made by the 10th of the month there will be a \$25.00 late fee charged. I understand that if my athlete quits or is removed from the program, for any reason, that I will not be entitled to a refund of any kind. I will be required to pay a \$100 buyout fee which will be used to hold practices and create choreography that will allow the team to overcome the hole that was created by the loss of my athlete.

Parent Signature: _____ Date: _____

SEASON OVERVIEW

***PRACTICES WILL BE ON
TUESDAYS FROM 5:00-6:30***

January 2024

- 9: FIRST PRACTICE @5:00
- 9: PARENT MEETING @6:30

February 2024

March 2024

April 2024

- 13: Rockstar - OKC

May 2024

- 21: Showing at Action @5:00

End of Season Competition

This will be held at the Oklahoma City Convention Center on Saturday, April 13th. More information to come at a later time.

This is a tentative schedule. Dates may change. Events may be added or taken off our calendar.

PARENT CODE OF CONDUCT AGREEMENT (ACCT)

I (Parent) understand that if I break this code of conduct in any way, shape, or form, I will be subject to being removed from a practice, competition, or possibly even the remainder of the season.

I (Parent) will not involve myself in any form of disrespect towards any member of Action Athletics staff, athlete or parents. This includes refusing to follow instructions or verbally questioning a coaches' decision or actions.

I (Parent) understand that this is a **5 month long commitment**, and I will honor my commitment.

I (Parent) will only speak positively of Action Athletics and their coaches. I will not talk negatively about any athletes, practices, or routines. This includes on all social media: Facebook, Twitter, Instagram, etc. If a problem or concern ever arises, I will immediately schedule a time to speak with the appropriate Action Athletics staff member and not bring that problem or concern up in conversation with other parents or team members.

I (Parent) understand that I am not to discuss any other athlete than my own child/athlete performance at practice or competition. I understand that I will not talk with any other athlete other than my own about their performance at practice or competition. I understand that coaches will not discuss with me an athlete's performance at practice or competition other than my own.

I (Parent) will refrain from punishing my athlete by taking away Action Athletics practices or events. By doing so I understand that I am preventing the rest of my child's team from succeeding. I understand that by missing practices and/or events, this can be taken as quitting with no guarantee of having a spot on the squad to return to.

I (Parent) understand **all practices two weeks prior to the showing are mandatory** to perform at the upcoming competition. If my athlete misses for any reason without having given notice to a coach and receiving permission, I understand that she will lose her competition spot with no refunds attached.

I (Parent) will notify my athlete's coach by phone call if an emergency occurs that prevents my athlete from attending a practice.

I (Parent) understand that extra or make up practices will be scheduled on occasion. Action Athletics will try to keep these at a minimum. Athletes are required to attend all extra or make up practices.

I (Parent) will check all forms of team communication regularly as I understand that missing that information could cause us to miss important practices, events, and news. It is my responsibility to not let that happen.

I (Parent) understand that it is sometimes necessary for athletes to be moved from one team to another depending on what is best for the overall success of all teams.

I have read and understand the "Parent Code of Conduct Agreement" thoroughly and will abide by its contents throughout the entirety of the 2024 season:

Parent/Guardian Signature: _____ Date: _____

ATHLETE CODE OF CONDUCT AGREEMENT (ACCT)

I (Athlete) understand that if I break this code of conduct in any way, shape, or form, I will be subject to being removed from a practice, competition, or possibly even the remainder of the season.

I (Athlete) will not involve myself in any form of disrespect towards any member of Action Athletics staff, athlete or parents. This includes refusing to follow instructions or verbally questioning a coaches' decision or actions.

I (Athlete) understand I should arrive to competitions fully dressed, make up, and hair completely done. If help is needed with any aspect of competition, hair or make up, I will make arrangements with another parent or athlete to meet early and have everything completed by the designated meeting time.

I (Athlete) understand that I am required to attend all competitions. I understand that I am required to attend all award sessions in my uniform and cheer shoes only with no cell phones out.

I (Athlete) understand that this is a **5 month long commitment**, and I will honor my commitment.

I (Athlete) will remember that I represent Action Athletics. I will conduct myself and encourage others to conduct themselves with respect and dignity. I will display positive sportsmanship at all times. I will not use foul language or behave inappropriately.

I (Athlete) will only speak positively of Action Athletics and their coaches. I will not talk negatively about any athletes, practices, or routines. This includes on all social media: Facebook, Twitter, Instagram, etc. If a problem or concern ever arises, I will immediately schedule a time to speak with the appropriate Action Athletics staff member and not bring that problem or concern up in conversation with other parents or team members.

I (Athlete) recognize that cheerleading is a team sport. I agree that every athlete on the team is just as important to this team as I am.

I (Athlete) understand that I am not to discuss any other athlete than my own performance at practice or competition. I understand that I will not talk with any other athlete other than my own about their performance at practice or competition. I understand that if a problem occurs during a practice, showing, or competitions I am to come directly to my coach and discuss the athlete or incident that may have occurred.

I (Athlete) understand that I am expected to arrive at practices with my hair up, assigned practice wear on, shoes on, to be on time.

I (Athlete) understand that there will be no cell phones allowed in the gym during practice time.

I have read and understand the "Athlete Code of Conduct Agreement" thoroughly and will abide by its contents throughout the entirety of the 2024 season.

Athlete Signature: _____ Date: _____

(Sign & Return)

CAUTION, THIS IS A RELEASE. READ BEFORE SIGNING.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

By allowing said participant(s) to use the equipment and facilities of Action Athletics, I hereby agree to release, indemnify, and discharge Action Athletics, all agents, members, owners, shareholders, directors, employees, volunteers, manufacturers, other participants, affiliates, subsidiaries, and all other related entities, successors, and assigns, (cumulatively referred to as "Released Persons") on behalf of myself, the participant, the Minor participant, my spouse, my domestic partner, my children, my family members, heirs, assignees, assignors, representatives, trustees, executors, and anyone acting on my behalf or on behalf of my estate as follows:

I, _____, have read and agree to follow all rules set forth by Action Athletics to the best of my knowledge. I also understand that Action Athletics reserves the right to refuse services to anyone, at any time, for any reason.

I, _____, acknowledge that Action Athletics is not responsible for any lost or stolen property.

I, _____, understand that Action Athletics charges accounts based upon holding a spot in the class(es) in which I chose and agreed to enroll my athlete(s) into. Furthermore, I am aware that Action Athletics is not responsible for any classes which I may miss, for any reason, and they are not required to allow my athlete(s) to make up any missed class(es).

I, _____, understand that if my athlete quits or is removed from the program, for any reason, that I will not be entitled to a refund of any kind. I will be required to pay a \$250 buyout fee which will be used to hold practices and create choreography that will allow the team to overcome the hole that was created by the loss of my athlete.

I, _____, authorize Action Athletics to use and/or publish photographs and/or videos of my athlete(s). I understand that these pictures/videos could be featured on an Action Athletics Facebook account/website, local newspaper story, slide show presentation, and/or displayed in the Action Athletics building.

I, _____, understand that I am not to reproduce, use, distribute, or sell the Action Athletics logo without written consent from Action Athletics.

I, _____, affirm that I now have and will continue to provide hospitalization, health, and accident insurance coverage which I consider adequate for both my athlete(s)'s and my own protection.

I, _____, as the parent or guardian of the participant(s), am aware of the dangers and/or risks of doing gymnastics/cheer or participating in events at a gymnastics/cheer facility. I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by the Action Athletics program. By signing this waiver, I am stating that there are no known mental or physical problems which affect my athlete(s)'s ability to safely participate in the activities offered at Action Athletics.

I, _____, fully understand that the Action Athletics staff members are not medical practitioners of any kind. With the above in mind, I hereby release the Action Athletics staff to render temporary first aid to my athlete(s) in the event of any injury or illness. If Action Athletics is unable to reach any listed contacts and if it is deemed necessary by Action Athletics Staff, I release the Action Athletics staff members, whether paid or volunteer, to call our doctor in effort to seek medical help and if necessary, to transport said athlete or call an ambulance to take said athlete to any necessary health care facility or hospital.

I, _____, understand that if my athlete(s) sustain a concussion for any reason, as long as they are in the concussion protocol, they are not to participate in any activities at Action Athletics until a written release from their doctor is received.

I, _____, I understand that in the event that no human foresight could anticipate and due to causes outside of Actions control; such as natural disasters, that could not be evaded through the exercise of due care. We relieve Action of all obligations to perform in this contract. "Force Majeure"

I, _____, hereby forever waive & forever release & discharge Action Athletics, their employees, offices, officers, coaches, directors & agents from any damages & injuries sustained by my athlete in connection with said use of the gym's equipment & facilities in any activity that my child is or was involved in. I authorize the representatives of Action Athletics to provide any emergency medical services that may be required due to any injury that may occur at Action Athletics.

I, _____, AGREE NOT IN PART, BUT IN WHOLE TO ALL PARTS OF THIS RELEASE.

Parent/Guardian Signature: _____ Date: _____

(Sign & Return)
MEDICAL INFORMATION & RELEASE

Athlete Name (Print): _____

Insurance Company: _____

Policy Number: _____

Medical Information: (circle)

Heart Condition/Disease:	Yes	No
Asthma:	Yes	No
Diabetes:	Yes	No
Convulsions Disorder:	Yes	No
Allergic to medication:	Yes	No
Allergic to Insect Stings:	Yes	No

State any known allergies:

Additional medical information that may be helpful:

I have listed all known information that is of importance to my athlete's well-being and safety.
By signing this, I am acknowledging that I am held responsible for any information left off of this form.

I fully understand that the Action Athletics staff members are not medical practitioners of any kind. With the above in mind, I hereby release the Action Athletics staff to render temporary first aid to my athlete(s) in the event of any injury or illness. If Action Athletics is unable to reach any listed contacts and if it is deemed necessary by Action Athletics Staff, I release the Action Athletics staff members, whether paid or volunteer, to call our doctor in effort to seek medical help and if necessary, to transport said athlete or call an ambulance to take said athlete to any necessary health care facility or hospital.

Parent/Guardian Signature: _____

CREDIT CARD AUTHORIZATION FORM

I understand I am required to keep a current credit card on file through the Action Athletics parent portal. Action Athletics does NOT see, file or save any information. The information is saved in a secure gateway provided by IClasspro. This gateway safely encrypts and relays the information about the transaction. Action Athletics requires the responsible parent or guardian to complete this information through our parent portal located at actiongymok.com. Once at the site, you will click in the upper right corner on parent portal or parent login. Responsible parent or guardian then creates an account. Please note your password for safe keeping. Lastly, on the left side of the screen under Payments, you will see a “manage payment option”. Please complete credit card information excluding AMEX. If my credit card on file expires or I wish to place a different card on the file it is my responsibility to do so before the 6th day of the month. All charges at Action Athletics are billed on the 1st day of each month and become due immediately. All accounts not reconciled by the 10th day of the month will automatically be charged a \$25.00 late fee, and the athlete(s) associated with the account may be withheld from participating in activities at Action Athletics. This includes accounts in which the credit card transaction on their account is declined.

I, _____, understand that any late payment will receive a \$25.00 late fee.

I, _____, understand any check/payment returned unpaid for any reason will incur a \$25.00 return fee plus a \$25.00 late fee.

I hereby authorize Action Athletics to charge the credit card filed through IClasspro monthly for the amount due on our account.

Signature: _____ Date: _____

(Sign & Return)

Financial Agreement

I _____, understand that hotel and transportation is not included in fees, but some overnight stays will be required.

I _____, understand that the competition schedule will not be finalized until the end of summer when competition companies set all competition dates.

I _____, understand that the schedule given above is tentative.

I _____, understand monthly payments are due on the 1st of every designated month's tuition. If not paid by the 10th of the following month then a \$25.00 late fee will be added to my account.

I, _____, understand any check/payment returned unpaid for any reason will incur a \$25.00 return fee plus a \$25.00 late fee.

I _____ understand that my account must be current and in good standing in order for my athlete to receive clothing items, etc. and participate in practices, competitions, and other team activities. If not kept current, it can result in removal from the program.

I _____ understand if my account remains delinquent, the account will be turned over to a collection agency and parent is responsible for any additional costs incurred.

I _____ understand that I will be required to pay a \$250 buyout fee which will be used to hold practices and create choreography that will allow the team to overcome the hole that was created by the loss of my athlete.

I have read and understand the "Financial Agreement" thoroughly and will abide by its contents throughout the entirety of the 2024 season:

Signature: _____ **Date:** _____

I _____ AGREE NOT IN PART, BUT IN WHOLE TO ALL 8 PAGES OF THIS RELEASE AND/OR CONTRACT.

Signature: _____ **Date:** _____

(Sign & Return)