



Action Athletics

SEASON 9

Action Athletics All Star Cheer Information Packet

Staff

Cara Alsup – Owner

Morgan Mathis - CEO

Kaitlyn Bonner – Cheer Manager/Coach

Breezy Oliver – Assistant Manager/Coach

Bailey Adams – Coach

Kelsey Grider – Coach

Practice Requirements

Athletes will be provided with practice attire that will be required to be worn at practices. Practice wear will be designated by the coach and communicated to parents.

- Athletes must have hair up at all practices.
- Athletes must wear their designated practice clothes to all practices.
- Athletes must wear cheer shoes to all practices.
- Athletes must have all necessary tape, braces, etc. that they will need in order to practice.

Forms of Communication

Action will communicate directly to parents using email and the Band App. Exact details will be given to you after teams have been defined.

Competition Procedures

A message will be sent out before the competition that will include all competition details. We will send out these details as soon as possible, but most competitions don't get this to us until sometime the week of the competition. The teams will need to meet in a physical location inside of the venue which will not be known until coaches have arrived at the competition. Upon arrival, coaches will send a message to parents via the Band app with the location they will need to meet at. Athletes should arrive at the meet place earlier than the designated time with hair and makeup fully done. If help is needed with any aspect of competition, hair or makeup, arrangements need to be made with another athlete or parent to meet early and have everything completed by the designated meeting time. Athletes should arrive in uniform tops. **DO NOT FORGET ANY PIECE OF THE UNIFORM!** Athletes are to have either light pink, white, or nude nail polish or no nail polish at all or jewelry of any kind when they arrive at the competition. Athletes are to be dropped off with their team mom at the specified location and time and will be signed out in the same location (if possible) with the team mom after awards. At competitions all parents and fans are asked to sit together and be one big fan section for the kids as they compete.

Extra Practices

Extra and/or make-up practices will be called if and only if they are needed. We will try to keep these at minimum, but for the team's success during competition season extra practices will be called if needed. All athletes must attend these practices unless excused by ACCT coaches.

SEASON OVERVIEW

June 2024

- 2: Tryouts
- 4: Team Placement Announced via Email
- 11: First Team Practices & Parent Meeting

July 2024

- 4: No Practice – (Independence Day)
- TBA: Uniform Fittings

August 2024

- 9-11: **MANDATORY CHOREOGRAPHY**
- 18: First Tumbling Practice

September 2024

October 2024

November 2024

- 25-1 No Practice (Thanksgiving Break)

December 2024

- TBA: Christmas Party
- 14: **Celebrity - Branson, MO**
- 22-4: No Practice (Christmas)

January 2025

- 5: Practices Resume
- 18: **Redline - OKC**

February 2025

- 15-16: **Rockstar - Tulsa**

March 2025

- 16-22: No Practices (Spring Break)

April 2025

- 6: **Rockstar - OKC**

May 2025

- **TBA: The Open - San Antonio, TX**
- Tryouts for 2024-2025
- TBA: Closed for Olympics
- TBA: End of Season Banquet

Practices

Practices will be held on Tuesday and Thursday evenings – Times will be announced upon team placement

Tumbling

Tumbling practices will be held on Sunday evenings. Athletes are required to attend at LEAST 2 tumbling practices a month OR attend 2 private lessons with an ACCT Coach. Athletes are welcome to attend every offered tumbling practice during the month but a minimum of 2 a month are required (or replaced with 2 private lessons).

End of Season Competition

All Star Elite teams will attend an end of season event in May in San Antonio, TX. Entry fees for end of season events for athlete's registration fees will be by February 1st, 2025 - \$145.

*We may schedule practices during these dates in order to keep the team progressing forward.

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

FINANCIAL OBLIGATION OVERVIEW

Monthly Payments	Cost	Due Date
● All Star June/July	\$300	1st of the month
● All Star Monthly Tuition (Includes Tumbling)	\$275	1st of the month

Extra Fees	Cost	Due Date
● Administration Fee	\$35	August 1, 2024
● Choreography Fee	\$100	September 1, 2024
● The Open Fee (End of Season Comp Fee)	\$145	February 1, 2025
● Gym Registration Fee	\$40	Yearly on your anniversary
● End of Season Banquet	\$25-\$40 per ticket	May 1, 2025

Monthly Tuition Payments Include:

- Tuition for Team Practices
- Competition Fees (NOT Including End of Season Comp Fee)
- Music Fee
- Coaches Fee
- Bow
- Practice Clothes

Uniform	Cost	Due Date
● Full Uniform (Top & Bottom)	\$450	Before August 1, 2023

Other Possible Expenses to Expect

	Cost
● Late to Practice (Without Prior Notice)	\$10/per 15 minutes late
● Late Pickup (Without Prior Notice)	\$10/per 15 minutes late
● Travel/Hotel Expenses to/from Practices & Competitions	Varies
● Spectator Entry Fees to Competitions	Varies
● Team Parties/Sleepovers/Outings	Optional
● Crossover Fee	TBA per month

I have read and understand "The Financial Obligations" thoroughly and will abide by its contents throughout the entirety of the 2024-2025 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 2025. 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 \$750 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. If you try out and are approved to crossover you will be subject to the crossover fee.

Parent Signature: _____ Date: _____

(Sign & Return)

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 any athlete at Action Athletics is expected to arrive at practices, showings, and competitions on time and wearing the correct clothing. Athletes 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 a coach or other parent to meet early and have everything completed by the designated meeting time.

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

I (Parent) 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 (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) will not post any Action Athletics team music, routines, stunts, or choreography until the cheer manager has approved these to be shared.

I (Parent) recognize that cheerleading is a team sport. I do not expect to receive special treatment, be "the star" of the team, or question my placement on teams or in formations or stunts. I agree that every athlete on the team is just as important to this team as my athlete is.

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 that after choreography practices have taken place, you will be given 2 unexcused absences until December 31, 2024. Starting January 1, 2025 through the last competition you will receive 2 unexcused absences (an excused absence is a death in the family, a school function for grade or a severe illness with doctors note). If your athlete is sick and noncontagious, he/she must attend practice and watch from the side for any routine changes, etc.. I understand that if my athlete is going to miss a practice, **an absence form** is to be filled out and turned in at least **two weeks before** the date that will be missed so that coaches will be able to plan practices accordingly and not waste time. After the allotted unexcused absences, you will be subject to being taken out of routine or dismissal from the team.

I (Parent) understand that if my athlete and I have chosen to do multiple sports it is my responsibility to get my coach a schedule or list of conflicts and set up a meeting prior to competition season to go over the conflicts and work out an agreement together individually.

I (Parent) understand **all practices two weeks prior to all competitions 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 Band 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 (Parent) understand that my athlete may not engage in any practices, privates, or competitions etc. at any gym outside of Action Athletics while in contract. This is placed to protect the morale of the team and prevent division.

I (Parent) understand that when I am in the lobby I am not to talk negatively about the gym, any coach, or any athlete in any way. If Action Athletics is made aware of this type of talk or behavior by me or anyone representing my family in the lobby I may be dismissed from the program.

I have read and understand the "Parent Code of Conduct Agreement" thoroughly and will abide by its contents throughout the entirety of the 2024-2025 season:

Parent/Guardian Signature: _____ Date: _____

(Sign & Return)

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 **yearlong 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) will not post any Action Athletics team music, routines, stunts, or choreography until the cheer manager has approved these to be shared.

I (Athlete) recognize that cheerleading is a team sport. I do not expect to receive special treatment, be "the star" of the team, or question my placement on teams or in formations or stunts. 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 may not engage in any practices, privates, or competitions etc. at any gym outside of Action Athletics while in contract. This is placed to protect the morale of the team and prevent division.

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 2024-2025 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 \$750 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: _____

(Sign & Return)

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. *Action will NOT automatically charge your card. You are responsible for paying all charges each month.* 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 \$750 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 2024-2025 season:

Signature: _____ **Date:** _____

I _____ **AGREE NOT IN PART, BUT IN WHOLE TO ALL 11 PAGES OF THIS RELEASE AND/OR CONTRACT.**

Signature: _____ **Date:** _____

(Sign & Return)