

DESERT ELITE MAVERICKS

Competitive All-Star Cheerleading

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_.com

Athlete’s cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday \_\_\_\_ - \_\_\_\_\_- \_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in **Fall ‘24** \_\_\_\_\_\_

***\*Please fill out completely & legibly*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Responsible Parent/Guardian**

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address *(if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



DESERT ELITE MAVERICKS

Competitive Cheerleading

*\*Please fill out completely.*

**EMERGENCY CONTACT (other than parent):**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*You must provide your own medical insurance to participate.*

* Member’s medical insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_
* Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_

If so, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has your child suffered from an injury or medical condition of any kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your child have an ongoing, significant chronic illness or disease such as epilepsy, asthma, diabetes, chronic heart disease, or severe allergy? \_\_\_\_\_\_\_\_\_ If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment/Liability Release:**

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own medical insurance. I understand that cheerleading camps, competitions, practices, clinics, and gymnastics equipment have an inherent danger in participation and that despite all precautions and accidents preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Desert Elite Mavericks at their own risk and will not hold Desert Elite Mavericks, its Board, Boosters, Amy Grey, or any of its coaches or instructors liable for any and all injuries that may occur while participating in the program or after as a result of participation.

 **Publicity Release:**

The undersigned does hereby grant Desert Elite Mavericks and its successors, the unrestricted right to use the undersigned’s name, likeness, or appearance on any cheerleading or dance camp posters, calendars. Photographs, tryout fliers, video material, film material, computer software, electronic on-line services, or other similar promotional material in any form, content, or medium to promote or market Desert Elite Mavericks. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his/her agents, representatives or assigns, may have based on claims of the undersigned as to the rights of privacy, publicity, notoriety, or any other rights arising out of or relating to any use by the Desert Elite Mavericks of the undersigned’s name, likeness, or appearance.

**PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Participant if 18 or older)**



*PARENT / GUARDIAN AGREEMENT*

\**Parent/Guardian - please read completely,* ***initial*** *each statement below, and sign.*

I am signing my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ up to join the Desert Elite teams for the **2024-2025** cheer season. In doing so:

\_\_\_\_\_\_\_\_\_\_\_\_ I have reviewed (and initialed where indicated) ALL information stated in the **Parent / Athlete Program Policies Packet & kept a copy for my records.**

\_\_\_\_\_\_\_\_\_\_\_\_ I have read the policies and understand that my role as parent/guardian is to assure that my athlete attends and arrives *on time* and prepared for all practices and events/competitions scheduled for my team. They should arrive in the required clothing and/or uniform. I understand that ALL planned absences must be submitted **at least two weeks or more IN WRITING** in advance of date on an “absence request” form and that practices are mandatory. **The two weeks before any competition is mandatory, and absences may result in removal from the routine.**

\_\_\_\_\_\_\_\_\_\_\_\_ **I understand that withdrawal from the program, whether voluntary or involuntary, will result in a financial penalty ($150 before choreography and $600 after choreography**). Voluntary withdrawal must be in writing. All balances due must be paid within 30 days of leaving the program. Failure to pay balance will result in account being sent to collections and/or small claims. In the event of small claims, I understand that I will also be responsible for those related costs. **ANY fundraised money cannot be used toward the withdrawal fee.**

\_\_\_\_\_\_\_\_\_\_\_\_ I understand that there are **NO REFUNDS and fundraised money cannot be refunded**. I understand that tuition cannot be pro-rated for absences and/or early removal.

\_\_\_\_\_\_\_\_\_\_\_\_ I understand that all items remain the property of the Desert Elite until paid for by the parent/guardian. **Any item(s) can be withheld, and that amount credited to outstanding balances and/or the withdrawal fee should the member leave the program, whether voluntary or involuntary. This includes uniform items ordered and paid through Varsity as a member of the Desert Elite.**

\_\_\_\_\_\_\_\_\_\_\_\_ I will set a positive example by showing good sportsmanship and respect towards all Desert Elite staff and coaches, athletes, parents, and competitors. I understand that my choices and behavior at the gym, competitions, and at events, can negatively affect my child’s team and the program – which could jeopardize my child’s position within the program.

\_\_\_\_\_\_\_\_\_\_\_\_ I understand that it is not my place to question and/or dictate the decisions of the coaches. I will do my best to avoid unnecessary “side-line” coaching and let the coaches do what they do best – coach.

\_\_\_\_\_\_\_\_\_\_\_\_I understand that practices are closed to parents unless prior consent is given by the director and/or coach.

\_\_\_\_\_\_\_\_\_\_\_\_I will avoid negative talk about the team, program, and its athletes and coaches while at the gym, events, or competition venues**. I understand that if I am found to be the source of negativity, trash-talking, or creating problems I risk the chance of not being allowed inside the gym or being asked to leave the program and my athlete being dismissed.**

\_\_\_\_\_\_\_\_\_\_\_\_I understand that if I have any problem or concern, the team coach and/or the program director should be consulted during non-practice and non-competition times.

\_\_\_\_\_\_\_\_\_\_\_\_I understand that verbally aggressive confrontations will not be tolerated in any situation towards any athlete, parent, or coach and will result in my not being allowed in the gym and my athlete being dismissed from the program.

\_\_\_\_\_\_\_\_\_\_\_ I agree to fully and forever discharge and release Desert Elite Mavericks, its director, and any of its instructors or coaches from any/all foreseeable and unforeseeable injuries to myself and my child arising from his/her participation and presence at Desert Elite events, practices, and related activities, wherever and whenever they may take place.

In conclusion, **I acknowledge having read and initialed each one of the individual statements in this contract. I have** **reviewed the entire Packet and agree to comply with all Desert Elite rules and expectations.** I understand that failure to comply may result in our removal from the program.

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Participant if age 18 or older)**



*ATHLETE AGREEMENT*

\**Athlete- please read completely,* ***initial*** *each statement below, and sign.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am signing up to join the Desert Elite teams for the **2024-2025** cheer season. In doing so:

\_\_\_\_\_\_\_\_\_\_\_\_ I have read and understand ALL information stated in the **Parent / Athlete Program Policies Packet.**

\_\_\_\_\_\_\_\_\_\_\_\_ I have read the policies and understand that as a Maverick Athlete I am required to attend and arrive *on time* and prepared for all practices and events/competitions scheduled for my team. I should arrive in the required clothing and/or uniform.

\_\_\_\_\_\_\_\_\_\_\_\_ I understand that ALL planned absences must be submitted **at least two weeks or more IN WRITING** in advance of date on an “absence request” form and that practices are mandatory. This includes school events and special events. PLEASE communicate to us regarding any scheduled, school-related event as soon as you are aware of it. WE reserve the right to deny the request if it falls on a scheduled event/competition. **The two weeks before any competition is mandatory, and absences may result in removal from the routine.**

\_\_\_\_\_\_\_\_\_\_\_\_I understand that not calling when I am going to be absent is unacceptable and will result in a $50 fee and may also result in my dismissal from the team if the problem becomes worse.

\_\_\_\_\_\_\_\_\_\_\_\_ I understand if I am going to be late, I must call or text my coach. \*Please program the gyms, your coaches, and program director’s number into your cell.

\_\_\_\_\_\_\_\_\_\_\_\_ I will set a positive example amongst all Mavericks by showing good sportsmanship and respect towards all Desert Elite staff and coaches, athletes, parents, and competitors. Poor attitudes will not be tolerated and may result in being made an alternate or removed from the program.

\_\_\_\_\_\_\_\_\_\_\_\_ I understand that it is not my place to question and/or dictate the decisions of the coaches. I understand that my coaches are professional, trained, and experienced and I will do my best to adhere to the rules and expectations set by them and the program.

\_\_\_\_\_\_\_\_\_\_\_\_I understand that practices are closed to parents, siblings, friends, boy/girlfriends, unless prior consent is given by the director and/or coach.

\_\_\_\_\_\_\_\_\_\_\_\_I will avoid negative talk about the team, program, and its athletes and coaches while at the gym, events, or competition venues. I understand that if I am found to be the source of negativity, trash-talking, or creating problems I risk the chance of being asked to leave the program.

\_\_\_\_\_\_\_\_\_\_\_\_I understand that if I have any problem or concern, the team coach and/or program director should be consulted during non-practice and non-competition times.

\_\_\_\_\_\_\_\_\_\_\_ I understand that as a Maverick, I am expected to take good care of myself by eating well and staying healthy. I am expected to avoid tobacco, drugs, and alcohol always. I realize that my choices and behavior outside of the gym reflect negatively on my team and the overall program. I understand that failure to comply with these expectations will result in removal from the team.

\_\_\_\_\_\_\_\_\_\_\_\_I understand that rude, disrespectful, or disruptive behavior will not be tolerated. I will be counseled first, followed by a parent-member-coach meeting. If the behavior does not improve, I will be dismissed from the team.

\_\_\_\_\_\_\_\_\_\_\_ I agree to fully and forever discharge and release Desert Elite Mavericks, its director, and any of its instructors or coaches from any/all foreseeable and unforeseeable injuries to myself arising from my participation and presence at Desert Elite events, practices, and related activities, wherever and whenever they may take place.

In conclusion, **I acknowledge having read and initialed each one of the individual statements in this contract**. I have read the **entire Packet and agree to comply with all Desert Elite rules and expectations.** I understand that failure to comply may result in our removal from the program.

**Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**ALL-STAR COMPETITION TEAMS**

**FINANCIAL POLICIES & OBLIGATIONS**

**Monthly Tuition:**

* **Automatic withdraw payments** are processed the first week of each month (from July 2024 through April 2025) through your Visa or MasterCard credit card or check card.
* **ALL credit card charges are subject to a 4% user fee.**
* **For those paying via check or cash**, payment is due on the first week of the month. VENMO (DE-Mavericks) or Zelle (tgrey@dc.rr.com) are also available.
* **Returned checks** will incur a $25 service charge.
* A estimated **Monthly LEVEL PAY** plan (of $200-400, dependent on team/level and if a returning member) can be arranged which will include all tuition, choreography, and competition fees for the year. **This payment will be due by the first of every month.** A final settlement payment MAY be needed at the end of the year to cover additional costs. Please let us know if you are interested in this option.
* A 5% discount is offered to athletes/parents for paying the entire year of tuition in advance. Entire payment must be received by July 1, 2025 (*to receive the full payment 5% discount, payment must be by check, cash, Venmo, or Zelle– no credit cards accepted).*

**NOTE: If you choose this option and leave the program before the end of the season, there will be NO REFUND.**

**Financial Agreement:**

* By signing below, I understand that tuition is due on or before the **first of the month** **and there is a late fee of $25 if paid after the tenth of the month.**
* I understand that the choreography & music fees, clothing, uniform/shoes, supplies, and competition fees are all additional costs that are due on their exact due dates and additional cost/fees may be involved if not paid on time.
* I understand and agree that as a parent signing the contract, I am responsible for the tuition, annual fees, uniform/clothing/supplies, choreography/music, and competition fees. **ALL fees are nonrefundable.**
* I further understand:
* All clothing/uniforms require payment IN FULL upon order through Varsity. This is **nontransferable & nonrefundable.** Additional fees may apply if the uniform must be ordered separately. Items can be kept by the Desert Elite and applied to any outstanding balance and/or withdrawal fee if the member leaves the program either voluntarily or involuntarily.
* Athletes on multiple teams will be responsible for additional entry fees and related costs, beyond their first team.
* We reserve the right to suspend and/or remove an athlete for failure to keep up with financial obligations.
* There are **NO REFUNDS.**
* If I choose to remove my athlete or allow them to quit the team before the end of the cheer season**, I am subject to a $600 withdrawal fee.** This is in addition to any outstanding balances that are payable upon termination of position. Failure to pay within 30 days will result in further collection and/or small claims court action. Any filing or legal fees incurred will become the responsibility of the parent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the above financial policies and obligations of Desert Elite Mavericks. I agree to be responsible for all charges for the athlete and their participation.

**Athlete Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**……………………………………………………………………………………………………………………………………………………………**

**IF USING A CREDIT CARD: I understand and agree to allow Desert Elite Mavericks to charge the card and/or bank check card that I have provided below and as designated.**

NAME on CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mastercard Visa Discover

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three-digit code: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Please charge my card listed above for ALL fees and tuition.

\_\_\_ Please charge my card monthly, according to the payment schedule.