



CHEERABILITIES

NON - TRAVELING PERFORMANCE CHEERLEADING

About Us

We are a competitive cheer program located in the Southwest area of Las Vegas, NV. We are extremely excited to compete in this 2022-2023 season and travel to nearby locations!

We believe the self-confidence each athlete will receive from being in this program will help teach teamwork, accountability and hard work. We can only hope to instill good morals, values and champion personalities in every athlete we come across.



CONTACT INFORMATION

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Las Vegas, NV 89118

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Email: Info@LVallstarcheer.com

IG: @LasVegasAllStars

FB Page: LVA Cheer

www.LVAcheer.com





Important Dates

PROGRAM CLOSED

Independence Day: Monday, July 4, 2022

Labor Day: Monday, September 5, 2022

Halloween: Monday, October 31, 2022

Thanksgiving Break: Nov 23 - 25, 2022

Christmas Break: December 19, 2022 – January 2, 2023

PROGRAM EVENTS

Choreography: Beginning of August 2022 in new building

Team Pictures: Late November 2022

*Coaches may choose to have practices on these days.

Performance Schedule will be given out the first month.

CHEERABILITIES

Sign Ups: OPEN August 1st

First Practice: Sunday, September 18th

First Payment will be due at Sign Ups

All contracts will need to be sent through email or given at first practice.

First Practice Checklist

- Page 6-12 of the Season 8 Contract
 - Digitally or printed out



Program Cost

LVA OFFERS ALL INCLUSIVE PRICING

EVERYTHING INCLUDED FOR SEASON (EXCEPT SHOES)
NO ADDITIONAL FEES

Monthly Payments are due on the 1st of every month and late by the 5th

NEW CHEERABILITIES MEMBER

\$45/month FOR 8 MONTHS (SEPTEMBER – APR)

NEW MEMBERS

INCLUSIVE PRICING INCLUDES

Monthly Tuition – 1 Practice A WEEK

LVA/USASF Registration Fee

Uniform (Full Top, Bottoms, Comp Bow)

1 Practice Set (Tank & Bow)

Choreography/Music

Comp/Coaches Fees

INCLUSIVE PRICING DOES NOT INCLUDE

Team Shoes (\$100)

Warm Ups (\$120)

Team Backpack (\$150)

Optional or Additional Classes or Items (\$10 per class)

****BLACK SHOES REQUIRED – CAN PURCHASE TEAM BLACK AND PINK SHOES IF DESIRED**

COMMUNICATION

Our main source of communicating team information will be via email and the private Facebook Page. All emails will come from INFO@lvalstarcheer.com PLEASE ADD US TO YOUR CONTACT LIST.

Parent Expectations

- Challenging the coach or person in charge by a parent will be automatic dismissal.
- Negative Behavior will not be tolerated.
- To make sure your child is on time and ready for practice on designated practice times.
- Parents are to inform the coach if their child is going to be late or miss practice. Sometimes the children forget such important information as this.
- Parents are to fulfill any financial obligations ON TIME or risk expulsion from our team.
- Parents are to support their children and their children's goals.
- Parents are to hold children accountable for their actions. If there is an issue, encourage your child to talk to the coach, this only enforces and gives your child a sense of being heard and understood.
- Other arrangements need to be made if a parent cannot stay for the duration of the competition with another LVA Family.
- Support the rules and encourage your child to abide by them.
- Parents are to support our coaches. Our coaches have your child's best interest and safety in mind at all times.
- Parents are to stay off the practice mat at ALL TIMES. Unless otherwise stated by the Head coach.
- There will be NO outbursts by the parents tolerated whatsoever. Grounds for dismissal.

ANY BREAKING OF THESE RULES IS GROUNDS FOR IMMEDIATE DISMISSAL OR SUSPENSION AT THE COACHES' DISCRETION.

Athlete Expectations

- I will be on time to practice and dressed appropriately.
- I promise to give 100% at every practice.
- I will not say "I Can't".
- I will do my personal best to achieve all my goals.
 - o Continual failure to be productive at practice will result in disciplinary action which is subject but not limited to suspension or dismissal. (Talking back, lack of motivation, etc.)
- I am responsible for finding out any information I may have missed.
 - o My parent is not responsible for any assignments my coach gives me.
- I will maintain the highest example of behavior.
- I will respect each other's personal space.
- **BULLYING (physical or verbal) will not be tolerated.**
- I will come to class ready to work and ready to listen to my coaches.
- I am aware of the commitment I will be giving to join a competitive team.
- I am aware of the responsibilities I am taking on by joining a competitive team.
- I am willing to be cooperative and helpful to the coach or any person in charge at all times.
- I am willing to work hard and give 100% at all times.

ANY BREAKING OF THESE RULES IS GROUNDS FOR IMMEDIATE DISMISSAL OR SUSPENSION AT THE COACHES' DISCRETION.

Signature of Parent/Legal Guardian: _____ Date: _____

Financial Agreement

This agreement is made and executed this _____ day of _____, 20__, between _____, (“Parent”), who is parent/guardian of _____, and Las Vegas Allstars, LLC.

1. Fees All payments are subject to the fee schedules listed below in 2.1 and 2.2. No athlete will be permitted to compete with an overdue balance. In addition, you will be assessed a \$25 late fee each month that your payment is made more than five (5) days after the due date. In addition, you will be assessed a \$65 late fee if your child misses practice within one week of a competition without prior approval by coach. In addition, you will be assessed a \$65 late fee if your child is late to “Coach Collect Time.”

2. Non Refundable. Any and all fees are not refundable once paid. By signing this contract, you have agreed to be fully responsible for all fees, including without limitation, tuition, competition, equipment, and clothing fees, regardless of whether your gymnast competes or not for any reason; including without limitation, injuries, suspension or dismissal, withdrawal from the team, and/ or dissatisfaction with services.

2.1 Competition Fees. Cheer Expenses/Competition Fees are \$45/month for New CHEERABILITIES Athletes from September 1st 2022 until April 1st, 2023.

2.2 Services Included.

- Holiday Break and Spring Break Workout Camps
- Meet registrations/ Associated team fees/ Administrative costs
- Equipment fees (basic)
- Any fees associated with competition
- In-house judges
- Additional fees for staff when Coaches are out of town
- Yearly USASF fees for gym and the coaches
- Safety Certifications & Background Checks
- Coaches wages
- Coaches miscellaneous expenses (airfare, hotel accommodations, parking fees, etc.)

2.3 Services Not Included.

- Team Shoes
- Optional or Additional Classes or Items
- Extra Camps or Clinics
- Travel Expenses
- OPTIONAL ITEMS (Team Backpack)

2.4 No guarantees about team placement. Team placement is to be determined by merit, and practice teams are not to be considered final.

2.5 Acknowledgement of Receipt of “Athlete/Parent Program Policies We acknowledge receipt of the Athlete/Parent Program Policies and agree to the policies set forth in said handbook for the gymnast and family. We agree to fulfill all the requirements and financial responsibilities set forth.

 Parent/Guardian Initial

2.6 Right to Cancel. The client may terminate this agreement at any time without cause, with notice to Las Vegas All Stars LLC. PLEASE BE ADVISED THAT ANY TERMINATION, REGARDLESS OF TIME, IS NOT SUBJECT TO ANY REFUNDS, INCLUDING WITHOUT LIMITATION, COMPETITION FEES, REGISTRATION FEES, AND EQUIPMENT. Las Vegas All Stars reserves the right to suspend or dismiss from the program entirely any athlete for a violation of the policies in Athlete/Parent Program Policies, or for any athletes with accounts overdue for greater than five (5) days. PLEASE BE ADVISED THAT YOU WILL NOT BE ELIGIBLE FOR A REFUND IF YOUR ATHLETE IS TERMINATED BASED ON A VIOLATION OF THE ATHLETE/PROGRAM PARENT POLICIES

Signature of Guardian: _____

Date: _____

Credit Card Authorization Form

Credit Card Number: _____

Expiration Date on Card: _____

CVC Code on Back of Card: _____

Name on Credit Card: _____

Zip: _____

Please charge my card listed above for all fees and tuition in full.

Please charge my card listed above monthly and according to the payment schedule.

Signature of person on card: _____

Parent/Legal Guardian of: _____

PRINT name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

TREATMENT / PUBLICITY / 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 in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Las Vegas All Stars is at their own risk and will not hold Las Vegas All Stars, employees and/or instructors liable for any and all injuries that may occur while participating in LVA Cheer.

The undersigned does hereby grant Las Vegas All Stars LLC and its successors, the unrestricted right to use the undersigned's name, likeness, or appearance on any Cheerleading or dance camp posters, calendars, photographs, try-out flyers, video material, film material, computer software, computer hardware, electronic on-line services, or other similar promotional material in any form, content or medium to promote or market Las Vegas All Stars LLC. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Las Vegas All Stars LLC. Of the undersigned's name, likeness or appearance.

Parent Signature: _____

Date: _____

PLEASE COMPLETE
THIS FORM

Tryout Application

ATHLETE INFORMATION

PARENT/GUARDIAN INFORMATION

Name: _____

Parent/Guardian 1: _____

Address: _____

Cell Phone #: _____

City: _____ State: _____ Zip: _____

Email: _____

Gender: Male Female DOB: ____/____/____

Parent/Guardian 2: _____

Cell Phone #: _____

Cell Phone #: _____

Email: _____

Email: _____

MEDICAL INFORMATION

ANY PHYSICAL/PSYCHOLOGICAL LIMITATIONS, HEALTH CONDITIONS, INJURIES OR WEAKNESSES THAT MAY AFFECT THE ATHLETES PARTICIPATION OR PERFORMANCE

ALLERGIES: _____

INSURANCE CARRIER: _____

POLICY #: _____

EMERGENCY CONTACT: _____

RELATION: _____

EMERGENCY CONTACT: _____

RELATION: _____