

Apex Athletics 2017-2018 Joining Packet

Full Year Competitive Team Information

Ages 3 to 18

3800 Merle Hay Road—Des Moines, IA 515-322-0677

www.apexathletics.net

April 2017

Hello All!

As we are wrapping up Season 8 at Apex, I am very excited to be planning Season 9! This past season, we have reintroduced our senior team, had several teams qualify for the prestigious D2 Summit competition in Orlando, and overall learned so much! The one thing I have learned this past season, is that Apex is home of the greatest kids and families in the metro area! If you are looking to be part of a supportive program that loves the sport of cheerleading and having fun, then we are the program for you!

As we enter Season 9, we are changing things up a little so our kids can be even more successful on the competition floor. This year we are not setting team levels at the beginning of the season. We are going to create teams based on ages and team dynamics. We are going to be building from basics, learning/relearning from the ground up and then make the final decision in August, prior to choreography as to what level we are going to be. We will not progress skills until they are perfect! Once the team has mastered 75% of skills then we will move to the next skill. This process will be in tumbling, stunting, and motion technique. The whole team must master 100% skills in the first level prior to moving onto the next level.

Another exciting addition to this year is a mandatory flyer classes for all flyers. This class will be 30 minutes and will focus on technique and flexibility. This class is available just to Apex competition flyers. We will also be adding a tumbling and technique class for all mini and youth team members. We have noticed the drive from this age group and we want to embrace it! We have also decided to add a mandatory tumbling class for the junior and senior teams, for any athlete that doesn't have team level skills. This class will be mandatory prior to choreography for anyone that does not have the skill level of at least 75% of the rest of the team.

Besides getting a brand new uniform, I am beyond excited for Season 9 and spending time with the athletes and their families who decide to be part of it! So whether you are current team member or new to the program, get ready for any amazing season!

Season 9 is our year to SHINE!

Coach Nicole

Team Information

Tiny- Ages 6 and under (as of 8/31/17)

2 – 1 Hour Practices per Week

Possible level for season: 1

Mini- Ages 8 and under (as of 8/31/17)

2 – 1.5 Hour Practices per Week

1-1 Hour Tumbling/Tech Class

Possible level for season: 1, 2

Youth- Ages 11 and under (as of 8/31/17)

2 – 2 Hour Practices per Week

1 – 1 Hour Tumbling/Tech Class

Possible level for season: 1,2

Junior- Ages 14 and under (as of 8/31/17)

3 - 2 Hour Practices per Week

Flyers Must Attend Flyer Tech Class

Possible Levels for Season: 1, 2, 3

Senior- Ages 10 to 18 (as of 8/31/17)

3 – 2 Hour Practices per Week

Flyers Must Attend Flyer Tech Class

Possible level for season: 1, 2, 3, 4.2

****Any athletes on a junior or senior team that do not meet their teams minimum tumbling requirement will be required to be enrolled in an additional tumbling class (\$25/month) or private lessons with an Apex coach. If you have questions what is needed for your athlete please contact Coach Nicole.**

Competition Schedule

November 19 – UCA Mid America Xtreme Challenge – Council Bluffs, IA

December 2 – UCA Hawkeye Challenge – Des Moines, IA

January 13-14 – NCA Midwest Open – St. Charles, MO

February 10-11 – American Championship Heartland Classic – Omaha, NE

March 10-11 – GLCC The Showdown Grand Nationals – Schaumburg, IL

March 24 – America's Best Des Moines Championship – Des Moines, IA

May 2018 – D2 Summit (All teams that qualify will attend)

Price Break Down

We offer an all inclusive package that allows you to make one monthly payment instead of several payments throughout the month. The monthly fee includes tuition, competition fees, coaches' fees, choreography and music fees. Payments are made May through March.

Mini/Youth Team Pricing-

Tuition	Choreography	UCA-Omaha	UCA-DSM	NCA-STL	America's Best-Omaha	GLCC-Chicago	America's Best-DSM	Music	Total	Monthly Fee
\$ 1,100	\$ 300	\$ 115	\$ 105	\$ 225	\$ 205	\$ 255	\$ 80	\$ 75	\$ 2,460	\$ 225

Junior/Senior Team Pricing-

Tuition	Camp/Choreography	UCA-Omaha	UCA-DSM	NCA-STL	America's Best-Omaha	GLCC-Chicago	America's Best-DSM	Music	Total	Monthly Fee
\$ 1,320	\$ 550	\$ 115	\$ 105	\$ 225	\$ 205	\$ 255	\$ 80	\$ 75	\$ 2,930	\$ 270

One Time Charges-

Annual Registration Fee- \$ 50 (Charged one time a year)

Uniform-\$ 350 (Uniform is worn 2-3 years, Boys uniform will be closer to \$ 275 price will be announced after final design)

Warm Ups- \$ 150 (This is worn multiple seasons)

Make Up & Bow-\$ 100 (This is kept the same amount of season as the uniform)

Shoes- \$ 110 (These are the same as last year)

Practice Shirts- \$ 35

The Summit- \$ 550-600 (If any youth team and above qualifies for the Summit they will be attending)

Evaluation Check List

Name: _____

Birthdate: _____

Items to Bring to Evaluation Day-

- € Athlete Registration Form
- € Liability Release Form
- € Athlete Medical Forms
- € Birth Certificate (for new athletes)
- € Practice Clothes Order Form
- € Credit Form
- € \$50 Annual Registration Fee
- € \$37.10 for Practice Shirts

Summer Schedule Conflicts- Please list any conflicts you have with your schedule May-August in your evening schedule. Also, please list any vacations you have planned for the summer.

School Year Schedule Conflicts- Please list any conflicts you will have this school year evenings and weekends.

**We will try to work with all schedules, however this is not guaranteed when making team schedules.



Apex Athletics, Inc.

Athlete Registration Form
2017-2018

Athlete information

First Name _____	Last Name _____	Middle Initial _____
Birthdate _____	Age as of 8/31/2017 _____	Gender _____
Allergies/ Medical Conditions _____		
Street Address _____		
City _____	St _____	Zip _____
Home Phone _____	Cell Phone _____	
Athlete's Email Address _____		

Family information

Mother's First Name _____	Mother's Last Name _____
Mother's Work Phone _____	Mother's Cell Phone _____
Father's First Name _____	Father's Last Name _____
Father's Work Phone _____	Father's Cell Phone _____
Email Address(es) For Communication _____	
Emergency Contact Other than Parent _____	Phone _____
Relationship to Athletes _____	

RELEASE and LIABILITY WAIVER

The undersigned has requested that the below named person be enrolled as a student with Apex Athletics, Inc. and that the student receive instruction in cheerleading, dance and/or tumbling/gymnastics. The undersigned is aware that these activities are hazardous activities and that the student could be seriously injured or killed. The student is voluntarily participating in these activities, with knowledge of the danger involved and agrees to assume any and all risks of bodily injury, death or property damage, whether those risks are now known or unknown.

The undersigned forever releases Apex Athletics, Inc. and its officers, employees, contractors, agents, consultants, and representatives from any and all actions, claims or demands that they or the student may now have, or may have in the future, for injury, death, or property damage related to the below named student's participation in the above described activities or such other ancillary activities of Apex Athletics, Inc. (including all travel and travel accommodations), negligence or other acts (whether directly connected to these activities or not and however caused), and the condition of the premises where these activities occur, whether or not the student is participating in the activities at the time of injury. The undersigned and/or student agree not to make a claim against or sue Apex Athletics, Inc. and/or its officers, employees, contractors, agents, consultants, and representatives for any of the matters stated above.

The undersigned states that he or she has no knowledge of my medical conditions of the student which could put the student at risk of injury or harm when engaging in the above described activities and has fully disclosed, in writing to Apex Athletics, Inc. certain health conditions such as asthma that could cause complications during physical exertion.

This release and waiver of liability shall be binding upon the undersigned and student's heirs, distributes, guardians, next of kin, spouse, and legal representatives.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND CONTENTS. I AM AWARE THAT THIS IS A FULL AND COMPLETE RELEASE OF LIABILITY OF APEX ATHLETICS, INC. AND I AND THE STUDENT HEREBY ASSUME THE RISKS OF INJURY OR DEATH BY PARTICIPATING IN SUCH ACTIVITIES.

Executed at Des Moines, Polk County, Iowa
on this _____ day of _____, 20_____.

Student

Parent/Guardian

RELEASE OF PHOTOGRAPHS

I authorize Apex Athletics, Inc. to allow photographs of my child to appear on the Company's website, fliers, news announcements, and marketing materials. I understand that photographs of my child may appear in publications such as newspapers or community bulletins. Such photographs may be available world-wide to anyone using the internet. I understand that Apex Athletics, Inc. cannot protect my photographs of my child from unauthorized uses or copyright violations. I agree to hold Apex Athletics, Inc. and each of its employees, owners, and contractors, harmless from any unauthorized uses or copyright violations arising from the publications of photographs of my child.

Parent/Guardian

Date

Apex Athletics, Inc.
Medical History and Athlete Release Form
2017-2018

Athlete's Last Name _____ First Name _____ MI _____ DOB _____ M or F
Sex

Address _____

Parent/Guardian Names _____

Work Phone _____ Home Phone _____

Cell Phone _____ Name _____

Cell Phone _____ Name _____

In Case of Emergency, Please Contact:

Friend/Relative _____ Phone _____

Friend/Relative _____ Phone _____

Family Doctor _____ Phone _____

Office Address _____ Hospital Preference _____

Athlete's Health History

Immunizations (date) MMR _____ DPT _____ Polio _____ Other _____

Has Athlete Had: Chicken Pox _____ Mumps _____ Heart Problems _____ Asthma _____
Other _____

Does the Athlete Wear: Glasses _____ Contact Lenses _____ Orthodontic Device _____

Date of Last Physical

Date of Last Dental Exam

Date of Last Eye Exam

Has Athlete Had:

Any injuries requiring medical attention? _____

Any neck or head injuries? _____

Been admitted to the hospital for injuries or surgeries? _____

Has athlete been taking any medications? Why? _____

Does the student have any allergies? _____

Has or does the athlete have any medical problems that may limit his/her performance in cheerleading/tumbling/or dance? _____

Does the athlete have any other mental or physical handicaps? _____

Apex Athletics, Inc.
Medical History and Athlete Release Form
2017-2018

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Family Doctor: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Medical Insurance Company: _____

Medical Insurance ID Number: _____

Card Holder First Name: _____ MI _____ Last Name _____

Card Holder Birthdate: _____ Social Security Number: _____

TO ANY DOCTOR OR HOSPITAL: the undersigned, parent of the above names minor child who is participating in cheerleading, recognize that my child may sustain an accidental injury at a time when I am not present and cannot be contacted: Therefore I nominate and appoint Nicole M. Gould or any other coach of Apex Athletics, Inc. as my attorney-in-fact with full power and authority, in a situation of urgency, to execute on my behalf such documents of admission to a hospital as are necessary and to consent to such tests as the doctor feels are in my child's best interest under the circumstances. I am granting unto said attorney-in-fact the power and authority to do and perform each act required and necessary to be done fully as I could if personally present and acting. This power shall be effective from April 1, 2016 until April 30, 2017.

Signed this _____ day of _____, 20____

Parent's Signature _____



Apex Athletics, Inc.

Mandatory Competitive Teams

Practice clothes Form

Athlete Name _____

** Note that most items come in youth and adult sizes, so please circle Y or A. Please add \$2.00 per garment sized above AXL.
Prices do not include sales tax, please add 6%

Practice Clothes Bundle \$35 --required bundle

Day A Shirt Size _____ Y or A

2017-2018 Season Required to wear your hair in a high ponytail and a bow of your choice to all practices

Day B Shirt Size _____ Y or A

Practice Clothes Extras --not required

Day A Shirt \$20 Size _____ Y or A

Day B Shirt \$20 Size _____ Y or A

If you would like to charge credit card on file,
Parent signature is required

Signature _____

Sub Total _____

Tax 6% _____

Total _____

Office use Only:

Date on account _____

Date on spreadsheet _____

Staff Initials _____

Paid Yes or No

Cash or Credit or Check (if check record number) _____

Team _____



"Taking Cheerleading to the Next Level"

Code of Conduct Agreement

I, _____, have read and understand the rules and conditions of the Apex Athletics, Inc. 2017-2018 Code of Conduct. I understand by signing this agreement that I commit to Apex Athletics, Inc. for the entirety of the 2017-2018 season and agree to uphold the terms of the Code of Conduct. I also understand that if I do not follow the terms of the Code of Conduct that my involvement in the Apex Athletics, Inc. organization can be restricted or terminated.

Signature of Athlete

Date

I, _____, the parent or guardian of the above athlete have also read and understand the rules and conditions of the Apex Athletics, Inc. 2017-2018 Code of Conduct. I understand by signing this agreement that I commit to supporting my child and their involvement in Apex Athletics, Inc. for the entirety of 2017-2018 season and agree to uphold the terms of the Code of Conduct that my child's involvement in the Apex Athletics, Inc. organization can be restricted or terminated.

Signature of Parent/Guardian

Date

Apex Athletics, Inc. Credit Card Form

Credit Card Requirements

Many All Star Cheer Gyms have started the practice of requiring having credit cards on file for all team members. These can be used for what you chose or nothing at all, but if your payments are over 15 days late our billing department will be contacting you to arrange payment, if payment is not received within what you have arranged, we will charge your card with the following month charges. Credit cards will be ran on the 5th of each month for monthly charges, and on the due dates for all other charges. For example, if you are behind on payments in September, the charges will be ran on your credit card October 5th. If the credit card is declined there will be a \$25 fee.

- Please charge the card for all Apex Athletics expenses. (Tuition, apparel, Competition fees)
- Please charge the card for tuition only.
- Please charge the card for apparel fees only.
- Please do NOT charge my card unless I have unpaid bills from the previous month.

Credit Card Information

I understand that my credit card information is mandatory to participate in the Apex Athletics All Star Program. I understand that if I miss any payment deadlines that Apex Athletics will run my card as soon as 5 days past the deadline. I understand that if my card is declined in any way I will receive an irrevocable \$25.00 service charge. I understand that if I choose to have my debit card on file, any overdraft charges that may incur are my responsibility.

Card Type:

- Visa
- Mastercard

Name on Card: _____

Mailing Address for Card: _____

City, State, Zip: _____

Credit Card Number: _____

CV Code: _____ Expiration Date on Card _____

Signature _____

Date _____