



# SUPER ALL STARS

Thank you for registering for the Super All Star program tryouts!

Please review this packet thoroughly and turn in the forms below at tryouts. Team placement is determined by age, consistent skill execution level, stunt positions needed on the team, performance level and the ability to learn and execute choreography material.

***Athletes will not be eligible for tryouts without this packet of forms turned in, including this checklist.***

**Athletes Name:** \_\_\_\_\_

**Athletes Date of Birth:** \_\_\_\_\_

**Trying out for (circle):** *\*Crystals do not need to fill out this packet.*

**PLATINUM - SR Elite  $\frac{3}{4}$  Season**

**SAPPHIRES Prep Full Season**

**ONYX/RUBIES - Prep  $\frac{1}{2}$  Season**

**TITANIUM - SR Elite Spring  $\frac{1}{4}$  Season**

- SuperCDA Release Form**
- COVID Stunt Release Form**
- Contract Signature Form (Keep the contract)**
- Bank or Credit Card form for Auto Pay**

*Auto pay will be used for all Super All Star athletes moving forward as the only form of accepted payment. There are no longer any processing fees for either form of payment.*

*If you prefer to pay in full at the start of the season, we will accept a check, cash or cashiers check on the first day of practice or you can pay by invoice.*



Participant Release Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School/Team Affiliation \_\_\_\_\_

Special Needs or Allergies \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating in all SuperCDA events/programming, including virtual training, I represent that I understand the nature of this Activity and that I am qualified, in good health and in proper physical condition to participate in such Activity. If activity is through a virtual outlet, I verify the area I will train is free and clear. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of participation in the Activity.

I hereby release, discharge, and covenant not to sue SUPER CHEER & DANCE ASSOCIATION, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners, and lessors of premises on which the Activity takes place. (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages on my account, caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as a result of such claim.

RELEASE OF PHOTOGRAPHY AND DIGITAL CONTENT

I hereby grant the Super Cheer & Dance Association (SuperCDA) permission to use my likeness in a photograph, video, or other digital media in any, and all, of its publications, including web-based publications and social media, without payment or other consideration. I understand and agree that all photos will become the property of SuperCDA and will not be returned.

I hereby irrevocably authorize SuperCDA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge SuperCDA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

PARTICIPANT CONSENT

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT as well as RELEASE OF PHOTOGRAPHY AND DIGITAL CONTENT and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Participant \_\_\_\_\_

PARENTAL CONSENT

AND I, the minor's parent, and/or legal guardian, understand and agree to the nature of the about referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss of liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**Assumption of Risk & Waiver of Liability and Hold Harmless  
Relating to Coronavirus/COVID-19 STUNTING WAIVER**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The IDPH has released a plan with guidelines with preventative measures to reduce the spread of COVID-19; however SuperCDA can not guarantee that you or your child will not become infected with COVID-19. Further, participating in stunt training and performance with Super All Stars during this global pandemic could increase your risk and your child's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and household may experience with increased exposure to or be infected by COVID-19 by advancing to participation in stunt training and stunt performances due to physical contact required to safely train and perform correct stunt technique and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in Super All Stars, including the close contact nature of stunting, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SuperCDA and it's employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or household members (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's participating in SuperCDA training, workouts and events, including stunting.

On my behalf and behalf of my child, I hereby release, covenant not to sue, discharge, hold harmless and indemnify the SuperCDA, Super All Star program, its members, employees, agents and representatives of and from the claims, including all liabilities, claims, actions, damages, attorneys fees, costs or expenses of any kind arising out of or relating thereto, including but not limited to, any claim brought by my child. I understand and agree that the foregoing includes any claims based on the actions, omissions, or negligence of SuperCDA whether a COVID-19 infection occurs before, during, or after participation in any SuperCDA activity or program.

Name of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

# **SUPER ALL STARS - CONTRACT & COMMITMENT FORM**

*Read the contract carefully in its entirety.*

*Initial and sign on each prompt.*

**Each** Parent/Guardian that will have any financial responsibility for a minor must initial each and sign this document.

Please read & initial the following important policies.

\_\_\_\_\_ I agree to the financial commitment to SuperCDA/Super All Stars for my participation in this program. I understand that if for any reason I remove my athlete from the program and/or my athlete is dismissed from the program there are no refunds for any financial payments.

\_\_\_\_\_ I understand that if at any time my actions conflict with the expectations of the Super All Stars, it could result in removal from the program.

\_\_\_\_\_ I understand that SuperCDA/Super All Stars will accept automatic payments from my bank or credit card and that I am responsible for any bounced payments and associated fees.

\_\_\_\_\_ I understand that should my account become delinquent, my athlete will not be allowed to attend practices or events until my account is in good standing. Should this become an ongoing issue, I understand that SuperCDA/Super All Stars reserve the right to remove my athlete from the program.

\_\_\_\_\_ I have read and agree with the attendance expectations and policies.

\_\_\_\_\_ I understand that I may communicate with coaches by email or by the app BAND, unless it's regarding informing staff of illness or injury, then I should call Director Ryan Buado.

\_\_\_\_\_ I understand that my athlete must maintain the skills displayed at evaluations or adjustments may be made to my child's team placement.

\_\_\_\_\_ I understand there may be alterations to this season due to any changes in the pandemic guidelines assigned by the state of Illinois. I am prepared to be cooperative and supportive of any decisions made in relation to maintaining a healthy and safe learning environment for everyone involved in this program.

\_\_\_\_\_ **\*ONLY For teams attempting a Summit bid\*** I understand if my athlete misses a Summit Bid competition, for any reason, and a replacement is put in, my athlete is not guaranteed their position on the team for the Summit.

\_\_\_\_\_ I have read, with my athlete, the information provided in the Program info, Policies & Contract and agree to abide by all of the rules and regulations of the Super All Stars program. I also accept the time commitment of practice, choreography, and competitions for the 2021-2022 season.

*If more than one parent/guardian will be financially responsible, the total both parties will pay is between them and must total the amount due. Should one and not the other account become delinquent, the same rules apply that the athlete will not be allowed to attend practices or events until all financially responsible accounts are paid.*

Athlete Name: \_\_\_\_\_

Name of financially responsible parent/guardian: \_\_\_\_\_

Total parent/guardian is financially responsible for:  All Fees  Partial; Total agreed to \_\_\_\_\_

Name of other financially responsible parent/guardian: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature(s) - or Legal Adult Athlete Signature

## BANK TRANSFER /CREDIT CARD AUTHORIZATION FORM Super All Stars

Athlete's Name: \_\_\_\_\_

2nd, 3rd or 4th athlete in your family participating?  YES! 10% off Regular Season Monthly Payments!

Parent's Name: \_\_\_\_\_

### TERMS OF BILLING - Check all that apply.

Gear Payment:

**Required** Items for Team Gear - **Check ONLY what your athlete needs if you are a returning athlete from last season.** Uniforms will be the same as the 20-21 season. This is a one time fee that will be billed on/near the first day of practice for your team on your team schedule.

Uniform - Same as last year - \$450 Diamonds; \$300 Platinum/Titanium,  
**\$285 Rubies/Sapphires/Onyx**

**\$120 Warm-up Jacket (Same for all teams. Same as last year.)**

**\$110 Backpack (Red, Blue or Black for all teams. Same as last year.)**

Regular Season Monthly Payments: **Check what applies to your athlete.**

**PLATINUM** - Starting July 1, 2021, every 1st of each month for the amount of \$320, through October 1, 2022, BREAK, then resume February 1 & March 1. 6 total. Competition fees - Half billed September 15th. Half billed February 15th.

**SAPPHIRES** - Starting September 15, 2021, every 15th of each month for the amount of \$235, through April 15, 2022. 8 total. Competition fees - Half processed Oct 1st. Half processed Feb 1st.

**ONYX/RUBIES** - Starting January 15, 2021, every 15th of each month for the amount of \$425, through April 15, 2022. 4 total. Competition fees are inclusive to this package.

**TITANIUM** - Starting February 15, 2022, then every 1st of each month for the amount of \$420, through May 1, 2022. 4 total.

*\* Separate payment authorization will be provided to Platinum for postseason fees, once bids are confirmed and we have totals.*

**BANK TRANSFER /CREDIT CARD AUTHORIZATION FORM**  
**Super All Stars**

**BANK TRANSFER**

I authorize \_\_\_\_\_ SuperCDA \_\_\_\_\_, to electronically debit my bank account according to the terms outlined above. I acknowledge that electronic debits against my account must comply with United States Law.

Customer Bank Account information:

\_\_\_\_\_ *Routing Number* \_\_\_\_\_ *Account Number*

Account Type:  Checking       Savings       Consumer       Business

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Zip Code*

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify \_\_\_\_\_ SuperCDA \_\_\_\_\_ of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

\_\_\_\_\_ *Customer Signature*      \_\_\_\_\_ *Customer Printed Name*      \_\_\_\_\_ *Date*

**-OR-**

**CREDIT CARD**

I authorize \_\_\_\_\_ SuperCDA \_\_\_\_\_, to electronically charge my credit card according to the terms outlined above. I acknowledge that electronic debits against my account must comply with United States Law.

Customer Bank Account information:

\_\_\_\_\_ *Credit Card Number*      \_\_\_\_\_ *Expiration Month/Year*      \_\_\_\_\_ *CVV*

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Zip Code*

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify \_\_\_\_\_ SuperCDA \_\_\_\_\_ of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

\_\_\_\_\_ *Customer Signature*      \_\_\_\_\_ *Customer Printed Name*      \_\_\_\_\_ *Date*