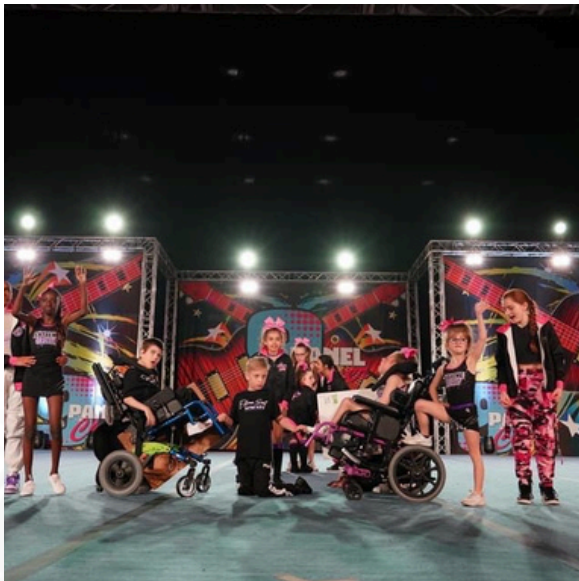


CHEER ABILITIES 2024-2025 REGISTRATION PACKET

ESA

LEARN



SUPER KATZ

EXTREME SPIRIT IS VERY PROUD TO HAVE ONE OF THE MOST SUCCESSFUL CHEER ABILITIES PROGRAMS IN THE AREA. THE SUPER KATZ HAVE EXPERIENCED NUMEROUS ACCOMPLISHMENTS SINCE THE START OF THE PROGRAM IN 2015.

OUR CHEER ABILITIES TEAM IS MADE UP OF ATHLETES OF ALL AGES WITH VARYING TYPES OF DIFFERENCES AND LIMITATIONS. OUR GOAL IS TO PROVIDE THESE ATHLETES WITH THE TRUE EXPERIENCE OF ALL-STAR CHEERLEADING, FROM TUMBLING AND STUNTING, TO THE THRILL OF PERFORMING IN FRONT OF A LARGE CROWD.

WE ARE INCREDIBLY PROUD OF THE GROWTH AND SUCCESS OF OUR PROGRAM OVER THE PAST SEVERAL YEARS, AND LOOK FORWARD TO CONTINUING TO EXPAND OUR CHEER ABILITIES PROGRAM.

COMPETITIONS & PERFORMANCES

**ALL DAY CHEER | WS/GREENSBORO, NC
FEBRUARY 1, 2025**

**9 PANEL | GREENSBORO
MARCH 29, 2025**

**9 PANEL NATIONALS | SAVANNAH, GA
OPTIONAL**

APRIL 13-14, 2025

**THE ONE FINALS | ORLANDO, FL
OPTIONAL**

APRIL/MAY 2025

FAMILY



SEASON BEGINS SEPTEMBER 2024-MAY 2025

- REGISTRATION: \$40 (INCLUDES CHEER BOW)
- UNIFORM FEE: \$225 (OPTIONAL)
- COMPETITION FEE -- FREE
- MONTHLY TUITION -- FREE
- FLORIDA COMPETITION: \$100 (OPTIONAL)

MAY 2025 SHOWCASE INCLUDED

**REGISTRATION:
TUESDAY, OCTOBER
1ST 2024**

CHEER ABILITIES 2024-2025 REGISTRATION PACKET



ATHLETE INFORMATION:

Athlete Name: _____ Year of Birth: _____
Email: _____ Cell Phone: _____
School: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____

PARENT INFORMATION:

Mother / Guardian: _____
Home Phone: _____
Email: _____ Cell Phone: _____
Work: _____
Father / Guardian: _____
Home Phone: _____
Email: _____ Cell Phone: _____
Work: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____

Emergency Contact Name: _____
Phone: _____ Relationship: _____

WHICH PROGRAM ARE YOU REGISTERING FOR:

CHEER ABILITIES TEAM - WILKESBORO

PARENT SIGNATURE: _____

DATE OF REGISTRATION: _____

CHEER ABILITIES 2023-2024 REGISTRATION PACKET



CONSENT TO USE YOUR CHILD'S LIKENESS:

___ Photographs and videos will occasionally be taken of our athletes during instruction. I hereby consent to the use of pictures and videos of my child to be used for displays, brochures, and promotional materials including social media on behalf of Extreme Spirit Allstarz with no compensation to my child or me, or I will notify the front office to fill out a Photo/Video DO NOT PUBLISH FORM.

WAIVER OF LIABILITY

___ Any activity involving motion, rotation, or height may cause accidental injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Extreme Spirit Allstarz Cheer, Dance & Tumble, its owners, coaches, landlords, property owners, and other staff members, will not accept responsibility for injuries sustained by any student during the course of tumbling, dance, open workouts or cheer related activities, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered at Extreme Spirit Allstarz. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Extreme Spirit Allstarz and or its representatives, whether paid or volunteer. (Students age 18 and over may sign for themselves)

MEDICAL RELEASE

___ Extreme Spirit Allstarz gives the safety of the athlete the highest priority, employing competent, trained instructors and using the best equipment and safety aids available. If there should be an accident, we will make every effort to contact the child's parents first. If we cannot get in touch with you, then we must have authorization to secure medical treatment.

I hereby authorize Extreme Spirit Allstarz to secure medical treatment for my child in any emergency which may occur while he/she is under our supervision.

By signing below, you are stating that you agree & understand this guideline:

Athlete Name: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent Printed Name: _____ **Date:** _____