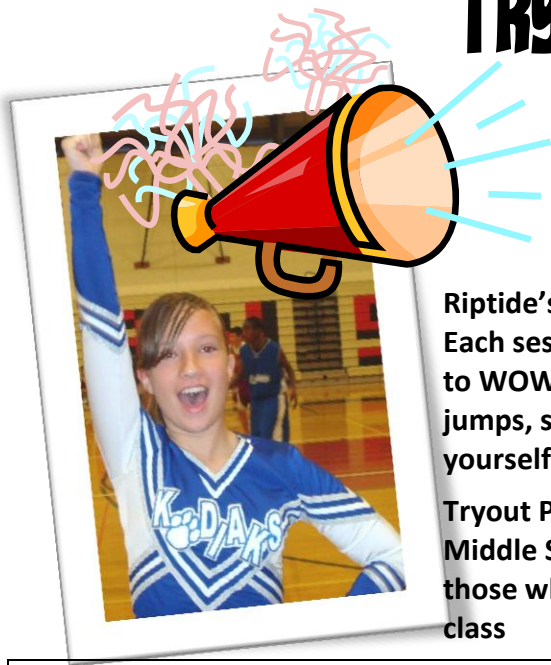


TRYING OUT FOR CHEERLEADING?



RIPTIDE WILL GET YOU READY WITH OUR TRYOUT PREP CLASS!

Riptide's Tryout Prep class will focus on every aspect of "Making the Team!" Each session, we will cover another area of cheerleading, and teach you how to WOW the judges! You'll walk away with a new sideline cheer, stellar jumps, sharp motions, a tryout dance, and most of all, confidence to get yourself on the sidelines!

Tryout Prep Class is designed for those trying out for Youth, Pop Warner, Middle School, and High School Cheerleading, however it is also great for those who just want an introduction to cheerleading, or a fun recreational class

Tryout Prep Class
Tuesdays from February 14th to April 3rd
7:30-9:00pm

Session Outline:

2/14 – Tryouts 101

Introduction to cheerleading, tryouts, and making the team. Learn basic motions, jumps, and find out what you're in for!

2/21 - Sideline Sizzle

Learn sideline cheers that you can use during your tryout, and get tips for making them look picture perfect!

2/28 – Dancing Divas

Learn a quick dance that can be used at tryouts, and learn technique for those half-time routines!

3/6 – Stunting Savvy

Learn basic to advanced stunt technique!

3/13 – Strength & Flexibility

Learn how to train and stretch for jumps, stunts and tumbling!

3/20 – Leadership

So, you want to be a captain? Learn what coaches are looking for and how to get noticed when they're choosing captains! We'll also review material.

3/27 – Tumble Time

Learn basic to advanced tumbling skills!

4/3 - Tryout Tips

We'll review class material, and go through a simulated tryout! We'll cover what to wear, how to do your hair, dealing with nervousness and help you get on that team!



www.riptideallstars.com

3 Rossi Circle, Suite G
Salinas, CA 93907

831-801-3343

Riptide All Stars Tryout Prep Class Registration Form

Tryout Prep class meets Tuesdays from February 14-April 3 from 7:30-9:00pm

Session Cost is \$100.00

A \$25 annual registration/insurance fee is required of all participants. If you have paid this fee already for another class at Riptide within the last 12 months, you do not need to pay it again for this class.

Pre-registration and pre-payment are recommended. We will take walk ins on a space-available basis. No refunds.

Please complete this form and return it by mail, email, or fax.

Mailing Address: 3 Rossi Circle, Suite G, Salinas, CA 93907

Fax: 831-401-2015

Phone: 831-801-3343

Email: itsgoofy@aol.com

Website: www.riptideallstars.com

Athlete Information

Name: _____

Birthdate: _____

Address: _____

City/State/Zip: _____

Home Phone:(____)_____ Cell Phone:(____)_____

Parent/ Guardian Name(s): _____

Parent Email: _____

Athlete Email: _____

Payment Details

____ Cash, check, or money order submitted with registration

____ Payment by Credit/Debit card on file to be charged immediately

Circle one: Visa MasterCard

Card Number: _____ Exp. Date: _____

Billing Address: _____ 3 Digit Code: _____

Billing Zip: _____

Cardholder Signature: _____

Release & waiver of liability, assumption of Risk & indemnity Agreement ("Agreement")

In consideration of participating in the Riptide All Stars program, 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. 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 risks 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 "releasees" 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, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Riptide All Stars, 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 "RELEASEES" 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 "releasees" or otherwise, including negligent rescue operations and 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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 to 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

Signature of participant

Date

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above 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 SAVE 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 liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Riptide All Stars

Medical Release Form

As the Parent/Guardian of _____, I request that in my absence the above named participant be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors, Medicine, or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and/or x-ray treatment of the above minor.

Any known allergies of this participant, including allergies to medications:

Physician Information

Family

physician: _____

Phone

Number: _____

Insurance Information

Insurance

Carrier: _____

ID Number: _____

Group/Policy Number: _____

Parent Information

Name of

parent/guardian: _____

Parent/guardian Phone numbers (list all to call in event of emergency):

Address: _____

City/State/Zip: _____

Emergency Contact Information

Person to notify if parent/guardian is
unavailable: _____

Home phone of emergency contact: _____ - _____ - _____ Work: _____ - _____ - _____

Parent/Guardian Signature: _____ Date: _____