



*Half-Year, Local Performance
Teams from only **\$129/month!***

*Full-Year, National Competitive
Teams from only **\$189/month!***

www.hotshotscheerleading.com

Hot Shots All Star Registration

Season 19



"Early" Registration by 4/29: \$25/family

"On-Time" Registration by 5/6: \$35/family

"Late" Registration after 5/7: \$45/family

WELCOME TO HOT SHOTS ALL STARS, where we've been "making 'em shine since 99!" We are so happy that you have decided to join our Hot Shots family, and can't wait to see how far you'll go this season, starting with your participation in both of our awesome, All Star Evaluation Clinics! Don't worry, the cost of these clinics is covered by your registration fee! The clinic schedule is provided below. If you can't attend BOTH clinics, please contact us to set up a private evaluation time (the cost of a private evaluation is an additional \$25).

HOW TO REGISTER:

-Complete this Registration packet (one per child) and return to Hot Shots by the deadline

-Pay your registration fee when you turn in your registration packet

-Attend your All Star Evaluation clinics on May 7 & 10 (see below)

-Team practices will begin the week of May 15 (one practice per week until June 2018)

-Team contract packets will be due by May 15 (available at evaluation clinics)

REQUIRED Hot Shots All Star Evaluation Clinics (ages 4-18):

Monday, May 7

4-5:30: beginners up to back walkovers

5:30-7: back handsprings

7-8:30: back tucks and more

Thursday, May 10

4-5:30: beginners up to back walkovers

5:30-7: back handsprings

7-8:30: back tucks and more

Our Hot Shots Evaluation Clinics are NOT a "try out". Please do not feel intimidated in any way. Let us know if you have questions about the evaluation process for your child. All ability levels are accepted. The coaches will place your child on a team where they will excel and feel confident. There is no specific evaluation attire needed but make sure your child has cheer shoes on, athletic clothing on, and hair pulled back.

Please indicate which Hot Shots team experience you prefer:

_____ ***Full-Year, Travel All Star Cheer Team***

_____ ***Half-Year, Non-Travel All Star Cheer Performance Team***

_____ ***Unsure, let the coach decide!***



HOT SHOTS CHEERLEADING INC., WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: Hot Shots Cheerleading and Tumbling Center, Inc. is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, competing, participating in open gym, special events, demonstrations, exhibitions, or shows, or in any other way involved in gymnastics, cheerleading, preschool, or teams at Hotshots Cheerleading and Tumbling Center, Inc., for any reason whatsoever, including ordinary negligence on the part of Hot Shots Cheerleading and Tumbling Center, Inc., its owners, officers, agents, or employees.

In consideration of my participation, I hereby release and covenant not-to-sue Hotshots Cheerleading and Tumbling Center, Inc., the Hot Shots Cheerleading and Tumbling Center, Inc. Board of Directors and officers, the Hot Shots Cheerleading and Tumbling Center, Inc. Booster Club, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Hot Shots Cheerleading and Tumbling Center, Inc., or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, my estate, heirs, or assigns.

Further, I am aware that cheerleading and gymnastics are vigorous sporting activities involving height and rotation in a unique environment, and as such pose the risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protections, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in cheerleading, gymnastics, and related activities involves activities incidental to active participation in cheerleading and gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Hot Shots Cheerleading and Tumbling Center, Inc., and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Hotshots Cheerleading and Tumbling Center, Inc. activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Georgia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Georgia.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Hot Shots Cheerleading and Tumbling Center, Inc., or any person listed above.

Parent/Guardian Signature _____ Date _____

Athlete Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Hot Shots All Star Registration 2018-19

Athlete Full name _____ Age (as of Aug 31, 2018) _____

Athlete DOB _____ Grade for 2018-19 _____ School _____

Medical conditions/allergies

Brief description of other weekly activities/commitments

Home Address

City _____ State _____ Zip _____

Athlete lives with? _____ Please explain if needed _____

Mother name _____ Cell _____

Mother email _____

Father name _____ Cell _____

Father email _____

List other important info, parent work numbers, emergency contact name and number, step parent info

Please list anyone who may have referred you to our Hot Shots All Star program:

IF REGISTERING FOR THE HOT SHOTS ALL STAR FULL YEAR TEAM EXPERIENCE, Are you interested in crossing over to another full year Hot Shots team? _____ (additional comp fees required)

Please list any SUMMER plans, trips, vacations or camps that may interfere with summer practices _____

We understand your summer dates may change! If they do, please inform a coach ASAP. This info will help us plan practices, clinics and choreography dates.

I understand the Hot Shots All Star payment requirements and agree to pay my fees. I understand no refunds will be given and I may be responsible for excess fees if I leave the program early. I understand the Hot Shots team expectations.

Parent signature _____ Date _____