

IMPACT 1 ALLSTARS

WHY CHOOSE IMPACT ONE?

If you are looking for the best instruction for Cheerleading skills, **IMPACT ONE** Allstars is the place for you! Whether you are looking to learn your back handspring, make your school team, compete locally or travel nationally, we have the perfect program for you! Why make **IMPACT ONE** Allstars your home...the simplest answer is our staff.

The **IMPACT ONE** staff are experts in all areas of Allstar Cheerleading, sideline cheerleading, tumbling and recreational gymnastics. More impressive than our experience in the cheerleading industry, the values, morals and work ethic that we develop into each **ONE** of our athletes are paramount to the success that they attain throughout life. Our coaches, not only train children in cheerleading and tumbling, we develop life skills that help them be successful in areas of life outside of the gym. The staff at **IMPACT ONE** genuinely care for our athletes and it is exhibited in a "family-like" atmosphere. We understand that when signing your child up for an athletic program, you are investing time, money and ultimately the overall well-being of your son or daughter. We will be fiscally responsible with your money as we set our fees and implement our program. We will be considerate of your time as we schedule practices, classes and competitions. We will personally and corporately invest into your child and the community. We will make an **IMPACT – ONE** family at a time.

IMPACT EACH ONE

At **IMPACT ONE** Allstars, we realize that every **ONE** of our athletes are unique as individuals. Therefore, we have designed a program for athletes of every level. We are committed to maintaining a low student-instructor ratio to ensure personal attention for each student. Success is helping each and every student reach his or her highest potential.

THE IMPACTI ADVANTAGE

Our facilities are conveniently located North of Charlotte, NC in Concord, NC and just South of Charlotte, NC in Indian Land, SC. We serve families from all over the Carolinas. Our program is designed for your child's safety and quality instruction. We prepare students to master various levels of jumps, stunts, motions, and tumbling skills. Our focus is to progress athletes in a structured manner, and for athletes to learn skills in a fun, energetic and safe environment.

IMPACT ONE HAS A PROGRAM FOR ATHLETES OF ALL LEVELS

- Level 1 (cartwheels, round-offs, front/back walkovers)
- Level 2 (back handsprings, round-off handsprings)
- Level 3 (handspring series, round-off tucks)
- Level 4 (standing back tucks, running layouts)
- Level 5 (standing fulls, running fulls)
- STUNTING (Co-ed & Group)

I.M.P.A.C.T. - IT IS WHO WE ARE

Our staff acknowledges the daily influence that we have on your children. That's why we work hard to teach, build and coach, not only cheerleading skills but life skills that include: **Integrity, Motivation, Perseverance, Attitude, Commitment, Teamwork** – This is what defines us. We want you to know that high morals, as well as expectations, surround your children while they are working with our **IMPACT ONE** staff.



South Location
429 Marvin Road
Fort Mill, SC 29707
(803) 547-0344

North Location
4500 Motorsports Drive
Concord, NC 28027
(704) 786-1205

2017-2018 REGISTRATION FORM

- Registration Fee:**
- \$25 for Existing Members EARLY COMMIT by **4/7**
 - \$40 for Existing Members by **4/14**
 - \$50 for All New and Existing Members after **4/14**

Athlete's Name _____

DOB _____ Age***As of 08-31-17** _____ Gender _____

Grade for 2017 - 2018 _____ School _____

Medical Insurance _____ Policy # _____

Any intolerance to medications, allergies, previous illness or injuries the staff should be aware of? _____

Parents/Guardians Information

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____ Professional Affiliations (i.e. PTA, Rotary, etc.) _____

Athlete's Information

Name _____

Cell Phone _____ E-mail Address _____

Emergency Information

Emergency Contact _____ Cell Phone _____

Experience (cheer, dance, gymnastics)

Allstar Full Year Team / Full Year Prep Team / Half Year Prep Team

I am / I am not interested in cross competing on two teams (choose one). *Cross competitors will be responsible for additional competition fees.*

T-shirt Size: YXS YS YM YL YXL AXS AS AM AL AXL AXXL



South Location
429 Marvin Road
Fort Mill, SC 29707
(803) 547-0344

North Location
4500 Motorsports Drive
Concord, NC 28027
(704) 786-1205

2017-2018 REGISTRATION FORM

I fully understand that **IMPACT ONE** Allstars Staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the **IMPACT ONE** Allstars Staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the **IMPACT ONE** Allstars Staff to call our doctor and to seek medical help, including transportation by an **IMPACT ONE** Allstars Staff member and or its representatives, whether paid or volunteer, to any healthcare facility or hospital, or the calling of an ambulance for said child should the **IMPACT ONE** Allstars Staff deem necessary.

We, the staff of **IMPACT ONE** Allstars recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic (paralysis or even death) in nature. Cheerleading can be dangerous and can lead to 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.

IMPACT ONE Allstars, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of tumbling, cheerleading instruction, or open workouts, 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 program offered and further agree to waive all rights and claims for damages that I or my child may have against **IMPACT ONE** Allstars and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child according to what the parent feels is appropriate. **IMPACT ONE** Allstars will only warn the child through "Safety Messages", our teaching style and progressions.

Signature (Parent or Guardian) _____ Date _____

Please Print Name (Parent or Guardian) _____ Date _____

IMPACT ONE Allstars Director - Signature _____ Date _____



South Location
429 Marvin Road
Fort Mill, SC 29707
(803) 547-0344

North Location
4500 Motorsports Drive
Concord, NC 28027
(704) 786-1205

2017-2018 Auto Draft

Please PRINT the following information:

Child's Full Name(s) _____

Person Authorizing Automatic-Draft Payments:

Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Email Address _____

Team Name _____

Monthly Draft Amount \$ _____

First Draft Date: May 5, 2017

Last Draft Date: April 5, 2018

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. In the event that I change my credit card service to a different bank or different account, I will notify the **IMPACT ONE** Allstars office at least 30 days prior to the date of my next scheduled automatic payment. I will give a **30-Day** written notice to **IMPACT ONE** Allstars before stopping the automatic draft payment, if for any reason I should withdraw my child from **IMPACT ONE** Allstars. I understand that all competition fees, expenses and tuition are **NON-REFUNDABLE**, regardless of whether my Athlete attends a competition. All payments are due on the 5th of each month. Payment exceptions to dates and split payments will incur a \$10.00 processing fee, per occurrence.

PLEASE NOTE: In the event that your credit card payment is declined or check is returned, an additional charge of \$35.00 will be applied to that monthly payment.

I hereby authorize drafts from my credit/debit card only as specified above.

Signature _____ Date _____

Credit Card Information (please print)

Name (as it appears on the card) _____

Account # _____ Monthly Draft Amount \$ _____

Expiration Date _____ Billing Zip _____

Card: AMEX VISA MASTER CARD DISCOVER



South Location
429 Marvin Road
Fort Mill, SC 29707
(803) 547-0344

North Location
4500 Motorsports Drive
Concord, NC 28027
(704) 786-1205

2017-2018 Handbook & Financial Agreement

This Agreement is made and entered into this _____ day of _____, 2017, between **IMPACT ONE** Allstars and _____ (“Responsible Party”).

The Responsible Party, as parent/guardian of _____ (“Athlete”) hereby agrees as follows:

1. I have read the entire Handbook and understand the commitment, standards and significant financial obligation involved with joining a team and I agree to abide by the policies set forth therein.
2. I understand that competitive cheerleading is a time consuming sport and it is my intention for my Athlete to remain at **IMPACT ONE** Allstars throughout the entire season. However, if I remove him/her for any reason, I understand and agree that all competition fees, expenses and tuition are **non-refundable** regardless of whether my Athlete attends a competition.
3. I agree to pay all fees due in full each month beginning the first month my Athlete joins the team and continuing until he/she is removed from the program or the season ends.
4. I agree I will pay to and have signed up for Automatic Draft. Automatic Drafts will be charged on the 5th of each month.
5. I understand and agree that if I remove my Athlete from the program, I must provide a 30-day written notice to Rena Blanchard (mrsrena@impact1allstars.com) and that charges will continue to accrue and will be charged until written notice is received.

Responsible Party - PRINT NAME _____ Date _____

Responsible Party - Signature _____ Date _____

Cheerleaders Name - PRINT NAME _____ Date _____

IMPACT ONE Allstars Director - Signature _____ Date _____