

Action Athletics Pre-Team Information Packet

Pre-Team Gymnastics

This pre-competitive team program requires commitment! Gymnastics is a sport of dedication. We strive to develop successful and character driven Gymnasts with a heart for team spirit. With our amazing coaching staff, we will challenge your athlete to develop advanced skills and routines. This program offers the chance to attend 1 showcase, hosted by our gym & 1 sanctioned Gymnastics Competition, in which your athlete will be given the opportunity to receive ribbon and medal awards for their routines.

Staff

- Shelly Cantrell – Gymnastics Manager
- Charis Mathis – Team Coach
- Desiree Ramus – Assistant Manager

Forms of Communication

Action will communicate directly to parents using email and the BAND App. Exact details will be given to you at the parent meeting.

Showing/Competition Procedures

A message will be sent out before the showing and competition that will include all details. Athletes should arrive at the competition with their leotard, scrunchie, and sweatshirt!

FINANCIAL OBLIGATION OVERVIEW

Monthly Payments	Cost	Due Date
<ul style="list-style-type: none"> • Monthly Tuition 	\$110	15 th of each month
Monthly Tuition Payments Include:		
<ul style="list-style-type: none"> • Tuition for Pre-Team Practices • Competition & Showcase Fees • Choreography & Music 		
Other Mandatory Expenses	Cost	Due Date
<ul style="list-style-type: none"> • Administration Fee • Registration Fee 	\$30 \$45	September 1 st , 2024 Yearly on your anniversary
Competition Expenses	Cost	Due Date
<ul style="list-style-type: none"> • Uniform: Leotard, Sweatshirt, & Scrunchie • AAU Membership 	\$160** \$20	September 15 th , 2024 October 15 th , 2024

**Estimated Cost may be reconfigured at a later date

I have read and understand "The Financial Obligations" thoroughly and will abide by its contents throughout the entirety of the 2024 season. I understand that I will pay my tuition fees every month on the 15th of the designated month's tuition. I understand that my last monthly payment will be paid December 15th, 2024. I understand that if payment is not made by the 15th of the month there will be a \$25.00 late fee charged. I understand that if my athlete quits or is removed from the program, for any reason, I will not be entitled to a refund of any kind. I will be required to pay a \$100 buy out fee which will be used to hold practices and cover the choreography and music that was obtained for the athlete.

Parent Signature: _____

Date: _____

Season Overview

August 2024

- 14: FIRST PRACTICE @ 6-7:30pm
- 14: PARENT MEETING @7:35pm
- 28: Uniform Sizing

September 2024

October 2024

- 16: Showcase/Competition Info Parent Meeting

November 2024

- TBA: Pre-Team Showcase – Action Athletics

December 2024

- TBA: Sanctioned Competition – Norman, OK

***Practices will be held
Wednesdays from 6:00-
7:30pm***

This is a tentative schedule. Dates may change. Events may be added or taken off of our calendar.

PARENT & ATHLETE CODE OF CONDUCT AGREEMENT

I (Parent & Athlete) understand that if I break this code of conduct in any way, shape, or form, I will be subject to being removed from a practice, competition, or possibly even the remainder of the season.

I (Parent & Athlete) will not involve myself in any form of disrespect towards any member of Action Athletics staff, athlete, or parents. This includes refusing to follow instructions or verbally questioning a coaches' decision or actions.

I (Parent & Athlete) understand that any athlete at Action Athletics is expected to arrive at practices, showings, and competitions on time and wear the correct clothing. Athletes should arrive at competitions fully dressed and hair completely done.

I (Parent & Athlete) understand that this is a **5-month long commitment**, and I will honor my commitment.

I (Parent & Athlete) will remember that I represent Action Athletics. I will conduct myself and encourage others to conduct themselves with respect and dignity. I will display positive sportsmanship at all times. I will not use foul language or behave inappropriately.

I (Parent & Athlete) will only speak positively of Action Athletics and their coaches. I will not talk negatively about any athletes, practices, or routines. This includes all social media: Facebook, Twitter, Instagram, etc. If a problem or concern ever arises, I will immediately schedule a time to speak with the appropriate Action Athletics staff member and not bring that problem or concern up in conversation with other parents or team members.

I (Parent) understand that I am not to discuss any other athlete than my own child/athlete performance at practice or competition. I understand that I will not talk with any other athlete other than my own about their performance at practice or competition. I understand that coaches will not discuss with me an athlete's performance at practice or competition other than my own.

I (Parent) will refrain from punishing my athlete by taking away Action Athletics practices or events. I understand that by missing practices and/or events, this can be taken as quitting with no guarantee of having a spot on the team to return.

I (Parent) understand **all practices 2 weeks prior to the competition are mandatory**.

I (Parent) will check all forms of team communication regularly and attend any meeting that is held. I understand that missing information could cause us to miss important practices, events, and news. It is my responsibility not to let that happen.

I have read and understand the "Parent and Athlete Code of Conduct Agreement" thoroughly and will abide by its contents throughout the entirety of the 2024 season:

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

ATHLETE CODE OF CONDUCT AGREEMENT

I (Athlete) understand that if I break this code of conduct in any way, shape, or form, I will be subject to being removed from a practice, competition, or possibly even the remainder of the season.

I (Athlete) will not involve myself in any form of disrespect towards any member of Action Athletics staff, athlete or parents. This includes refusing to follow instructions or verbally questioning a coaches' decision or actions.

I (Athlete) understand I should arrive to competitions dressed in full uniform with hair completely done. If help is needed with any aspect of competition, I will make arrangements with another parent or athlete to meet early and have everything completed by the designated meeting time.

I (Athlete) understand that I am required to attend the Showing & Competition. I understand that I am required to stay for the entirety of my competition session awards.

I (Athlete) understand that this is a **5-month long commitment**, and I will honor my commitment.

I (Athlete) will remember that I represent Action Athletics. I will conduct myself and encourage others to conduct themselves with respect and dignity. I will display positive sportsmanship at all times. I will not use foul language or behave inappropriately.

I (Athlete) will only speak positively of Action Athletics and their coaches. I will not talk negatively about any athletes, practices, or routines. This includes on all social media: Facebook, Twitter, Instagram, etc. If a problem or concern ever arises, I will immediately schedule a time to speak with the appropriate Action Athletics staff member and not bring that problem or concern up in conversation with other parents or team members.

I (Athlete) understand that I am not to discuss any other athlete than my own performance at practice or competition. I understand that if a problem occurs during a practice, showing, or competition I am to come directly to my coach and discuss the athlete or incident that may have occurred.

I (Athlete) understand that I am expected to arrive at practices with my hair up, assigned practice wear on, and to be on time.

I (Athlete) understand that there will be no cell phones allowed in the gym during practice time. I have read and understand the "Athlete Code of Conduct Agreement" thoroughly and will abide by its contents throughout the entirety of the 2024 season.

Athlete Signature: _____ Date: _____
(Sign & Return)

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

By allowing said participant(s) to use the equipment and facilities of Action Athletics, I hereby agree to release, indemnify, and discharge Action Athletics, all agents, members, owners, shareholders, directors, employees, volunteers, manufacturers, other participants, affiliates, subsidiaries, and all other related entities, successors, and assigns, (cumulatively referred to as "Released Persons") on behalf of myself, the participant, the Minor participant, my spouse, my domestic partner, my children, my family members, heirs, assignees, assignors, representatives, trustees, executors, and anyone acting on my behalf or on behalf of my estate as follows:

I, _____, have read and agree to follow all rules set forth by Action Athletics to the best of my knowledge. I also understand that Action Athletics reserves the right to refuse services to anyone, at any time, for any reason.

I, _____, acknowledge that Action Athletics is not responsible for any lost or stolen property.

I, _____, understand that Action Athletics charges accounts based upon holding a spot in the class(es) in which I chose and agreed to enroll my athlete(s) into. Furthermore, I am aware that Action Athletics is not responsible for any classes which I may miss, for any reason, and they are not required to allow my athlete(s) to make up any missed class(es).

I, _____, understand that in the event that a segment of the contract cannot be performed due to causes that are outside the control of the parties, such as natural disasters, mandated closures, that could not be evaded through the exercise of due care. I waive Action Athletics of any obligation to perform in contract. *"Force Majeure"*

I, _____, understand that if my athlete quits or is removed from the program, for any reason, that I will not be entitled to a refund of any kind. I will be required to pay a \$100 buyout fee which will be used to cover any expenses the gym may incur from breaking the contract.

I, _____, authorize Action Athletics to use and/or publish photographs and/or videos of my athlete(s). I understand that these pictures/videos could be featured on an Action Athletics Facebook account/website, local newspaper story, slide show presentation, and/or displayed in the Action Athletics building.

I, _____, understand that I am not to reproduce, use, distribute, or sell the Action Athletics logo without written consent from Action Athletics.

I, _____, affirm that I now have and will continue to provide hospitalization, health, and accident insurance coverage which I consider adequate for both my athlete(s)'s and my own protection.

I, _____, as the parent or guardian of the participant(s), am aware of the dangers and/or risks of doing gymnastics/cheer or participating in events at a gymnastics/cheer facility. I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by the Action Athletics program. By signing this waiver, I am stating that there are no known mental or physical problems which affect my athlete(s)'s ability to safely participate in the activities offered at Action Athletics.

I, _____, fully understand that the Action Athletics staff members are not medical practitioners of any kind. With the above in mind, I hereby release the Action Athletics staff to render temporary first aid to my athlete(s) in the event of any injury or illness. If Action Athletics is unable to reach any listed contacts and if it is deemed necessary by Action Athletics staff, I release the Action Athletics staff members, whether paid or volunteer, to call our doctor in effort to seek medical help and if necessary, to transport said athlete or call an ambulance to take said athlete to any necessary health care facility or hospital.

I, _____, understand that if my athlete(s) sustain a concussion for any reason, as long as they are in the concussion protocol, they are not to participate in any activities at Action Athletics until a written release from their doctor is received.

I, _____, hereby forever waive & forever release & discharge Action Athletics, their employees, offices, officers, coaches, directors & agents from any infectious diseases, damages & injuries sustained by my athlete in connection with said use of the gym's equipment & facilities in any activity that my child is or was involved in. I authorize the representatives of Action Athletics to provide any emergency medical services that may be required due to any injury that may occur at Action Athletics.

I, _____, AGREE NOT IN PART, BUT IN WHOLE TO ALL PARTS OF THIS RELEASE.

Guardian Signature: _____ Date: _____

Action Athletics Registration Form

● *Legal Guardian Information:*

Guardian #1 Name & Relationship: _____

Billing Address: _____ City: _____ Zip: _____

Phone #: (____) _____ Receive text at this #? Yes

Valid Email Address: _____

Guardian #2 Name & Relationship: _____

Billing Address: _____ City: _____ Zip: _____

Phone #: (____) _____ Receive text at this #? Yes

Valid Email Address: _____

● *Emergency Contact Information:*

Name & Relation to child: _____ Contact #: _____

Participant's Name	D.O.B	Age	Gender

School District: _____

Who will you allow to pick up your child? _____

MEDICAL INFORMATION & RELEASE

Athlete Name (Print): _____

Insurance Company: _____

Policy Number: _____

Medical Information: (circle)

Heart Condition/Disease:	Yes	No	Convulsions Disorder:	Yes	No
Asthma:	Yes	No	Diabetes:	Yes	No
Allergic to medication:	Yes	No	Allergic to Insect Stings:	Yes	No

State any known allergies:

Additional medical information that may be helpful:

Hospital Preference: _____

I have listed all known information that is of importance to my athlete's well-being and safety. By signing this, I am acknowledging that I am held responsible for any information left off of this form.

I fully understand that the Action Athletics staff members are not medical practitioners of any kind. With the above in mind, I hereby release the Action Athletics staff to render temporary first aid to my athlete(s) in the event of any injury or illness. If Action Athletics is unable to reach any listed contacts and if it is deemed necessary by Action Athletics, I release the Action Athletics staff members, whether paid or volunteer, to call our doctor in effort to seek medical help and if necessary, to transport said athlete or call an ambulance to take said athlete to any necessary health care facility or hospital.

Parent/Guardian Signature: _____

CREDIT CARD AUTHORIZATION FORM

I understand I am required to keep a current credit card on file with the Action Athletics parent portal. Action Athletics does NOT see, files or save any information. The information is saved in a secure gateway provided by *IClass Pro*. This gateway safely encrypts and relays the information about the transaction. Action Athletics requires the responsible parent or guardian to complete this information through our parent portal located actiongymok.com. Once at the site, you will click in the upper right corner on parent portal or parent login. Responsible parent or guardian then creates an account. Please note your password for safe keeping. Lastly, on the left side of the screen under payments, you will see a "manage payment" option. Please complete credit card information excluding AMEX. If my credit card on file expires or I wish to place a different card on file, it is my responsibility to do so before the 15th day of the month. All charges at Action Athletics are billed on the 1st of each month and become due immediately. All accounts not reconciled by the 15th day of the month will automatically be charged a \$25.00 late fee, and the athlete(s) associated with the account may be withheld from participating in activities at Action Athletics. This includes accounts in which the credit card transaction on their account is declined.

I _____, understand that any late payment will receive a \$25.00 late fee.

I _____, understand any check/payment returned unpaid for any reason will incur a \$25.00 return fee plus a \$25.00 late fee.

I hereby authorize Action Athletics to charge this credit card on a monthly basis for the amount due on our account.

Signature: _____ Date: _____

(Sign & Return)

Financial Agreement

I _____, understand that hotel and transportation is not included in fees but required in some overnight stays will be required.

I _____, understand that the competition schedule will not be finalized until mid-September when the hosting gym releases their schedule.

I _____, understand that the schedule given above is tentative.

I _____, understand tuition fees are charged to accounts on the 1st of every month and payment must be completed by the 15th of the same month. If not paid by the 15th of the month, then a \$25.00 late fee will be added to my account.

I _____, understand that I am responsible for paying all charges to my account manually by their due date.

I _____, understand any check/payment returned unpaid for any reason will incur a \$25.00 return fee plus a \$25.00 late fee.

I _____, understand that my account must be current and in good standing in order for my athlete to receive clothing items, etc. and participate in practices, meets, and other team activities. If not kept current, it can result in removal from the program.

I _____, understand if my account remains delinquent, the account will be turned over to a collection agency and the parent is responsible for any additional costs incurred.

I _____, understand that if my account is not current, then my child will not be registered for any future competitions. If the account is more than 2 months behind, you will be notified, and your athlete will be suspended until the account is brought current.

I _____ understand that I will be required to pay a \$100 buyout fee if we decide to leave the program before our 5-Month (August 14th- December 18th, 2024) commitment is over.

I, _____, AGREE NOT IN PART, BUT IN WHOLE TO ALL OF THIS RELEASE AND/OR CONTRACT.

I have read and understand the “Financial Agreement” thoroughly and will abide by its contents throughout the entirety of the 2024 season:

Signature: _____ **Date:** _____