



Arkansas Extreme Cheerleading

2023-24 Competitive Cheer Contract

Welcome to Arkansas Extreme Cheerleading! We are very excited to have you as a part of our AEC family. Below is the contract information you will need to ensure your child has a successful season:

Physical Address: 320 Granger Park Rd

Harrison, Arkansas 72601

Mailing Address: 2950 A Hwy 206 E

Everton, Arkansas 72633

Owner: Samantha Snow

Cell Phone: 870-365-6341 email: ssnow@valley.k12.ar.us



Arkansas Extreme Cheerleading

Gym Dress Code

- All athletes should be in workout clothes
- Shoes are required at every practice
- Hair should be up out of the face
- No jewelry
- No cell phones during practice unless emergency or coach gives permission

Competition Dress Code

- During down time must be in full uniform or pants and AEC t-shirt/jersey
- Must be in full uniform, make-up, and hair by warm-up time
- No Jewelry
- You need to represent AEC the correct way; therefore, outfits and uniforms need to be worn the correct way.

Tardiness and Absences

- Be at practice on time, dressed with shoes on ready to go
- Excessive tardiness and absences can result in dismissal from the team or removal from position
- **All competitions are mandatory** unless serious injury or event that has been approved through the owner in which the athlete is honestly incapable of performing due uncontrollable circumstances. In the case that an athlete who is physically able to compete but chooses to miss a competition, they will be making the decision to quit the team and be responsible for all fees as a part of their quitting.
- Notify your TEAM coaches of absence in a timely fashion
- **All Practices are mandatory after choreography!** You may not miss any practice the week of competition unless emergency or mandatory school functions. If you have a camp, family vacation, or illness on mandatory practice day, you will be expected to notify coach in a timely manner.

Injuries

Please take note that cheerleading is a highly competitive and dangerous sport. The stunts and tumbling could lead to injuries. The injuries that could occur include but are not limited to bruises, pulled and strained muscles, torn or strained ligaments, broken bones, dislocations, paralysis, or even death. We take every precaution to limit these injuries, but we cannot prevent them all.

Conditioning

- Athletes in this program are expected to be in top physical shape, which includes flexibility, strength, and endurance.

- We expected athletes to take care of their bodies; meaning no drugs, alcohol, or tobacco.

Parents and Relatives

- No one is allowed to speak negatively to any team member, coach, or others.
- No gossiping will be tolerated.
- If you have any problems please go straight to a coach with the problem.
- If you have a problem with a coach please address that coach or owner ONLY.

Open Practice

- Practice each week will be open for parents to sit in **designated area only**. This does not give parents the right to coach their child or any other. No inappropriate behavior will be tolerated including talking about other athletes or trying to coach from the sidelines. If parent behavior at any time becomes a disturbance in any way, that parent may be asked to leave the sitting area.

General Rules

- No gossip about any other team or team member
- All decisions about squads, routines, and discipline are left up to the coaches
- Practice may be changed or added to throughout season
- It is the parent's responsibility to know what is going on with your squad. Check e-mails, facebook, office, and/or text.
- Removing your child from practice is not a punishment for their actions OUTSIDE the gym. **YOU ARE PUNISHING EVERY CHILD ON THEIR TEAM AND THE COACHES!**
- Cheer on all AEC teams at competition
- NO ONE, but cheerleaders and coaches on the gym floor during practices
- NO ONE is to speak with competition officials for any reason. Come to the coaches with the issue
- Rules can be changed at any time. You will be notified.
- Be positive to your teammates, you are a TEAM & FAMILY.
-
- No trying out or going to other gyms while under contract without the owner's knowledge. We feel it is vital that your focus stays on your child's team during the season and if you wish to go to another gym after the season you are more than welcome.

Gym Holidays/Closings

- Holiday closings will be determined as they approach.
- In the event of inclement weather, we will follow the Harrison School District closing schedule unless otherwise notified.
 - **The gym will close for Summer Break June 18th-June 24.**



COSTS

All Star Competitive Cheer – See pricing chart

Tumble Class

Monthly tuition fees \$50 auto draft, \$55 non-auto draft with \$5 late fee after the 7th of the month. 2nd tumble class \$25 more per month.

Fundraising

Booster Club will be in charge of all fundraising events. More information will be passed out regarding the Booster Club.

Choreography Dates

July 6, 7, 8 - Times to be determined
Choreography Cost \$250 Mini thru Senior (Tiny \$125)

Competition Schedule

Will be issued at a later date as we are waiting for companies to get schedules out.



2023-24 AEC Payment Plans

Tiny Novice/Tiny Prep

- Plans DO NOT INCLUDE CHOREOGRAPHY COST or USASF fee

Plan Type	July through May Monthly	3 competitions
All Inclusive w/ Uniform	\$94mo	
All Inclusive w/Out Uniform	\$80.50mo	
Uniform and Bow	\$150	

Mini/Youth Prep

- Plans DO NOT INCLUDE CHOREOGRAPHY COST or USASF fee

Plan Type	June through May Monthly	4 competitions
All Inclusive w/ Uniform	\$98mo	
All Inclusive w/Out Uniform	\$85mo	
Uniform and Bow	\$150	

Youth through Senior All Star

- Plans DO NOT INCLUDE CHOREOGRAPHY COST

Plan Type	June through March Monthly	May /April /May
All Inclusive w/ Uniform	June through March \$165.50mo	\$65.50mo
All Inclusive w/Out Uniform	June through March \$135.50mo	\$65.50mo
Partial work Scholarship w/ uniform	June through March \$135.50mo	\$35.50mo
Partial work Scholarship w/out Uniform 2-3hrs per week	June through March \$95.50mo	\$30mo
Coach/Work Scholarship w/ uniform 4-5hrs per week	June through March \$95.50mo	
Coach/Work Scholarship w/out uniform 4-5hrs per week	June through March \$65.50mo	

- Second child will be charged Partial work rate ex. 2 siblings on Senior Elite
Who needs a uniform package would be 1st child with \$165.50mo 2nd child \$135.50 would be \$301 month May through Feb and \$101 month March/April/May.
- Senior Uniform Rental : \$50 per season (limited uniforms available)
- Crossover fees- Add \$35 a month to cover additional competition costs.**



Name of Athlete: _____ Cheer/Tumble

AEC Authorization Agreement Direct Deposit (ACH Credit)

I, _____, hereby authorize, Samantha Snow, hereinafter called Arkansas Extreme Cheerleading, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called Bear State Bank, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

(Financial Institution Name) (Branch)

(Address) (City, State) (Zip Code)

(Routing Number) (Account Number)

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and in effect until Arkansas Extreme Cheerleading has received written notification from me (or either of us) of its termination in such time and manner as to afford Arkansas Extreme Cheerleading and Bear State Bank a reasonable opportunity to act on it.

(Print Individual Name) (ID Number)

(Signature) (Date)

- Please attach voided check



Arkansas Extreme Cheerleading

Payment Information

_____ Payments are due by the 7th of each month and will be auto drafted on that date. A \$5 late fee may be added to your bill for payments not received in a timely manner.

_____ Any auto drafts not cleared will incur a \$10 processing fee.

30 Day Drop Notice

_____ Season runs June 2023 through May 2024.

_____ I understand I have to give a 30 day written notice before discontinuing a class that I am responsible for any and all expenses that are due within the 30 day period plus tuition for that month. Upon my athlete quitting the team, I am giving AEC permission to auto draft my account for what is owed.

_____ Once choreography has been taught, I understand I will be charged a \$200 re-choreographing charge for changes that will have to be made as a result of my child no longer being in routine.

_____ I must submit in writing a written notice with signature and date upon leaving. Once notification is received, payment will be expected immediately for re-choreographing charge and any expenses within the 30 day written notice.

_____ By signing below, I am giving the owners of Arkansas Extreme Cheerleading my agreement to everything stated within this contract and I understand that this contract is legally binding. I understand that this contract is valid through May 2024. Failure to pay in a timely manner will result in being turned over to collections and/or prosecution.

_____ No refunds will be given for any fees previously paid

I have read and understand the payment information and the 30 day drop notice of Arkansas Extreme Cheerleading.

Parent/Guardian Signature _____ Date _____



Arkansas Extreme Cheerleading
2023-24 Registration Form

Name _____ Class(s) _____

Sex _____ Birth date _____ Age _____

Parent/Guardian Name _____

Address _____

City/State/Zip Code _____

Home Ph _____ Work Ph _____

Mother's cell _____ Father's cell _____

Parent/Guardian email: _____

I, the undersigned, certify that the child listed above is in good health and may participate in activities at Arkansas Extreme Cheerleading. In case of an injury or emergency, I give Arkansas Extreme Cheerleading staff permission to render first aid or seek needed medical attention including transportation by our staff for my child in the event that I cannot be reached. I accept responsibility for all associated medical expenses.

Emergency Contact _____

Relationship to child _____

Address _____

Phone Number _____

Preferred Hospital _____

Parent/Guardian Signature _____

Doctor _____ Insurance Carrier _____

Policy # _____