

DRESS FOR SUCCESS WEAR THE HEAT ALL STAR LOGO

Tryout Information 2010-2011

We make the tryout process as low-stress as possible. In the tryout, the athletes work side-by-side with other athletes in their age group. They will be given numerous chances to demonstrate skills that they have already learned and that we will teach. We will be teaching motions, jumps, stunting and tumbling skills. We will also teach them a very short, easy-to-learn dance that they will later show off for the staff in small groups. We want the athletes to be relaxed, so the entire process is as much like a regular practice as possible.

For your convenience, we have offered each athlete 2 tryout clinics to choose from. It is strongly recommended that all athletes come to both clinic days if possible. Athletes must also sign up for a small group tryout on Sunday or Tuesday. You will choose your day & time for this when you attend a tryout clinic on Friday or Saturday.

Our goal is to have teams for athletes of every age and experience level, so the vast majority of athletes attending tryouts will be placed on a team.

After the final date of tryouts, the staff will meet extensively to assemble the rosters for the upcoming season. The staff will work together to form teams that each has the best possible chance of a successful competitive season. This means that each team would ideally be comprised of a variety of athletes with a variety of talents. After our meetings are completed, we will be putting new team rosters and practices days and times on our website. We hope to have this process completed by Sunday, April 4th. Team registration forms for the new season are on the website and must be received by April 11th. You may drop off at the gym, mail, or fax in. The new teams will begin practice the week of May 2nd.



Please wear shorts, tshirt, & tennis shoes. Hair should be completely off the face in a high pony tail. No jewelry is allowed. Please leave at home. You will need to bring a copy of the athlete's birth certificate (if we don't already have) and a signed release/tryout form. To help keep the athletes' stress level down, the viewing area will be closed during tryouts.

For tryout purposes, an athlete's age is how old they will be on August 31, 2010.
All athletes must have turned in a tryout form and fee in order to attend clinics.

During the clinics, participants will sign up for a 20 minute time slot for official try-out time.

*****It is not mandatory to attend both sessions for your age group, but it is recommended*****

Tryout Clinics:

March 26 (Friday)

5:00-6:30 pm - Ages 6-11
7:00-9:00 pm - Ages 12-18

March 27 (Saturday)

11am-12:30 pm - Ages 6-11
1:00-3:00 pm - Ages 12-18

Small Group Tryouts

March 28 (Sunday)

3:00-4:00 pm - Ages 6-11
4:00-5:00 pm - Ages 12 -18

March 30 (Tuesday)

6:00-7:00 pm - Ages 6-11
7:00-8:00 pm - Ages 12 -18



HEAT ALL STARS TRYOUT PARTICIPATION FORM

Please complete this form in its entirety and return with \$25 tryout fee by 3/18/10 if you intend to tryout for the 2010 – 2011 season.

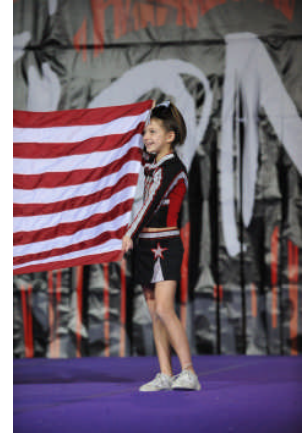
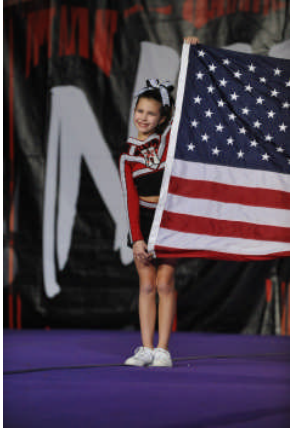
To Receive a FREE T-SHIRT: Turn in by 3/1/10 with payment

Tryout fee will be credited to your team registration fee.



TOP 10 REASONS HEAT ATHLETICS TEAMS ARE THE BEST

- 10: HEAT Athletics teaches time management and commitment.
- 9: HEAT Athletics sets the pace for a lifetime of physical fitness and good health.
- 8: HEAT Athletics builds self-esteem.
- 7: HEAT Athletics teaches teamwork.
- 6: HEAT Athletics teaches humble victories and gracious defeats.
- 5: HEAT Athletics constantly introduces new, exciting skills.
- 4: HEAT Athletics brings out the performer in everyone.
- 3: HEAT Athletics provides the opportunity to travel and experience new places, keeping in mind your expenses.
- 2: HEAT Athletics encourages athletes to always challenge themselves
- 1: HEAT Athletics creates friendships and memories that last a lifetime



Name: _____ Birthdate: _____ Age on 8/31/10: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent(s): _____ Phones: _____

Parent's email address: _____ **All communication is done via email**

SELECT

SHIRT SIZE: Youth: Small 6/8 Medium 10/12 Large 14/16 /// Adult: Small Medium Large X-Large

- Shirt will be available for families to buy and wear at the Kalahari
- Free T-Shirt is only given if your registration is received by 3/1/10

Liability Waiver and Indemnity Agreement:

As conditions of the participation of the student described above ("my child") in any of the programs conducted by Heat Athletic Center including but not limited to tumbling, gymnastics, cheerleading, stunting whether conducted on or off the premises of Heat Athletic Center, I agree to the following:

- I waive any claim for bodily injury, personal injury or property damage against Heat Athletic Center, its directors, employees, agents and insurers (collectively, "Heat Athletic Center"), and any owners or lessors of the premises and any equipment used in connection with any programs of Heat Athletic Center, arising out of our child's participation in any of the programs of Heat Athletic Center whether on or off Heat Athletic Center premises, or travel for the purpose of participating in any such programs or events.
- I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.

This agreement shall remain in effect as long as and whenever our child participates in any activity at or with Heat Athletic Center. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify Heat Athletic Center for its liability including all costs, fees, and expenses incurred by Heat Athletic Center in connection with such liability. My child is covered by my own personal medical insurance and I acknowledge that this is a condition of participation in Heat Athletic Center.

Authorization of Medical Care:

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses

Parent Signature: _____ **Date:** _____

After completing this form please turn in with your non-refundable \$25 tryout fee:

- **Drop off:** At our gym in Sussex W248 N5250 Executive Dr. – see website for directions
- **Mail to:** Heat Athletic Center - W248 N5250 Executive Dr. #100, Sussex, WI 53089
- **Or pay on our website www.HEATCHEER.com with google checkout & Fax form to:** (866) 214-3279