RSA MAGIC

2016
EVALUATION PACKET

WWW.RESOLUTESPRIT.ORG

☆800 Wendell Court SW, Suite C, Atlanta, GA 30336☆

Apr 13th
Team Evaluations
7 p.m. to 8 p.m.

☆

April 15th
Results Available (athletes will be called)

☆

April 17th
New Parent Meeting
3:00 p.m.

☆

PLEASE INCLUDE TWO COPIES OF YOUR BIRTH CERTIFICATE AND A RECENT PHOTO OF YOURSELF WITH YOUR TRYOUT PACKET.

If you don't include a picture, there will be an additional charge of $3 for onsite picture.

Office Use Only
Birth Certificate:_____
Registration Fee:____
Risk & Liability Waiver:____
Photo:_____

RESOLUTE SPIRIT, INC.
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK WAIVER

Every Participant must have a completed and signed release form to turn in at registration in order to participate. ALL areas must be completed.

_____
Minor's Name

_____
Participant Email Address

_____
School Name

_____
School Address

_____
School City, State & Zip

(_____)_____
School Phone Number

_____
Name of Parent / Legal Guardian

_____
Parent Email Address

_____
Parent's Address

_____
City, State & Zip

(_____)_____
Phone Number

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in any event or class to be conducted by Resolute Spirit, Inc. ("Resolute Spirit "), d / b / a RSA Magic ("RSA") and/or d / b / a RSA Motion ("RSA".) I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Resolute Spirit, the Hosting site, (any gym, university, hotel, convention center, high school) on whose premises the Event Or Class will occur (hereinafter the "Location") the affiliates of Resolute Spirit, Inc. and the Location, and the respective directors, officers, representatives, members, agents and employees of Resolute Spirit, Inc. Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event Or Class, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that the Minor may incur or sustain during the Event Or Class, all activities associated with the Event Or Class and while traveling to and from the site for the Event Or Class whether or not the Event Or Class actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event Or Class will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date:_____

Medical Release. I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Event Or Class. In the event or class of such illness or injury, I authorize Resolute Spirit to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event Or Class and while traveling to and from the site for the Event Or Class whether or not the Event Or Class actually occurs.
Appearance Agreement. I understand that Resolute Spirit, Inc. d / b / a RSA Magic and / or RSA Motion from time to time produces promotional material relating to its programs. I understand that as a participant and/ or a spectator at the Event Or Class that Minor may be included in videotapes,

photographs, DVDs, podcasts, and videocasts taken during the Event Or Class. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Resolute Spirit, Inc. d / b / a RSA Magic and / or RSA Motion, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event Or Class, in advertising and promoting the Event Or Class or in advertising and promoting similar future event or classs. I further understand that neither Resolute Spirit, Inc. nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve the copies of any promotional materials related thereto.

Third Party Agreement. I understand that Resolute Spirit, Inc. d / b / a RSA Magic and / or RSA Motion from time to time disclose participants information to third parties who agree to the confidential nature of the information.

Event Or Class Rules. I further acknowledge and understand that Resolute Spirit, Inc. has established rules and regulations pertaining to conduct, behavior and activities of all Event Or Class participants, by which Minor and I agree to abide during the Event Or Class, and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Event Or Class rules. Minor and I understand that violation of the rules can result in dismissal from Event Or Class with no refund.

Supervision. A Chaperone/Adult (age 21 or over) is required to attend with participants. This Chaperone will be responsible for the participants at all times including but not limited to swimming, beach activity, cheer/dance practice outside of gym, free time at event or class site or hotel. Resolute Spirit, Inc. d / b / a RSA Magic and / or RSA Motion is not responsible for participants' supervision.

Insurance Information

The following information is **REQUIRED** for participation.

Parent's Name:_____
Parent's Social Security Number (not required but helpful for quick verification of insurance policy by hospital/clinic): _____/_____/_____

Insurance Company:_____

Insurance Company Address:_____

Medical Insurance Policy/Group Number - REQUIRED:_____ Insurance Company Phone # :_____ - _____- ____

Emergency Information: Name to contact:_____ Address:_____

City, State, Zip:_____ Cell Phone Number: ( )_____

Daytime Telephone: ( )_____ Evening Telephone: ( )_____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him / her to the Event Or Class and that he / she shall consume the prescribed dosage for such medications. RSA will not administer or supply any type of medication at event or class.

Medications (if any):_____

Allergic to (if any):_____

I acknowledge that the Minor suffers from the following conditions:_____

Family Doctor:_____ Phone Number: ( )_____

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event Or Class will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X_____ Date:_____

Relationship to Minor:_____ Minor Birthdate:_____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor:X_____ Date:_____

Witness Signature: X_____ Date:_____

Witness Address:_____

RSA MAGIC

2016-2017

Name of Athlete _____

D.O.B. _____

Age (As of 8.31.16) _____ **Grade** (As of 8.31.16) _____

Did you cheer 15-16?_____ **Where?** _____

School _____

Contact Phone # _____

Athlete's E-mail Address _____

Parent's E-mail Address _____

Place

Picture

Here

ATHLETES-BUBBLE IN YOUR SKILLS BELOW. JUDGED BY RSA STAFF _____

RSA Staff		JUMPS	RSA Staff		**STUNTS:** Bubble in which stunt position you have experience	RSA Staff		**STANDING:** Bubble in ALL tumbling skills you throw on the FLOOR WITHOUT A SPOT	RSA Staff		**RUNNING:** Bubble in ALL tumbling skills you throw on the FLOOR WITHOUT A SPOT
	o	Pike		o	Main Base		o	FWD Roll		o	None
	o	L Hurdler		o	Side Base		o	Back Roll		o	RO
	o	R Hurdler		o	Back Spot		o	Bridge		o	RO BHSP
	o	Toe Touch		o	Flyer		o	Front Walk-Over		o	RO BHSP Series
	o	2 Toe Touch		o	Scorpion		o	Back Walk-Over		o	RO Tuck
	o	Triple Toe		o	Scale		o	Cartwheel		o	RO BHSP Tuck
	o	Toe BHSP		o	Heel Stretch		o	BHSP		o	RO BHSP Series Tuck
	o	Triple Toe BHSP		o	Bow		o	BHSP Series		o	Punch Front
	o	Toe back Tuck		o	Chin-Chin		o	BHSP to Tuck		o	RO BHSP Layout
	o	Triple Toe Tuck					o	2BHSP to Tuck		o	RO BHSP Full
							o	Standing Tuck		o	RO BHSP Double
							o	3 Tucks (3/8counts)		o	**Specialty Passes (List)**
							o	2BHSP to Layout			
							o	2BHSP to Full			
							o	2BHSP Double Full			