



Evolution All Stars, Inc.

360 Milltown Road, Bridgewater, NJ 08807

1-908-450-0384

www.TheEvolutionGym.com

Tryout Information

Stunting and Team Evaluation: Tuesday, May 5th and Thursday, May 7th from 6:00 PM till 9:00 PM

Individual Tryouts: Tuesday, May 12th and Thursday, May 14th by appointment.

Evolution All Stars, Inc. is proud to kick off our inaugural season! **YOU CAN BE AN INAUGURAL MEMBER!** In addition to many of the new things in store for Evolution All Stars, we recognize the importance of where we have evolved from! We want you to be a part of the Evolution and are excited to offer the **Platinum Members Program** for team members who cheered for CAAS during the 2008-2009 season! For more details and to participate in the benefits of this program, please review and complete the Platinum Members Program Agreement found in this packet.

All candidates are requested to attend both the Stunting and Team Evaluation sessions. During these sessions, all candidates will be evaluated and scored on stunting skills. Candidates will be broken up into groups to evaluate POSSIBLE team placements.

Platinum Members do not require a tryout. Your current coaches will work together to develop your skills portfolio for 2009-2010 team placement. Individual Tryouts are for new candidates. New candidates will be required to demonstrate their individual skills such as tumbling, jumps and motions. Candidates should come prepared to demonstrate their top tumbling pass and combination tumbling pass, top standing tumbling and jump to standing tumbling skills, 2 8-counts of a cheer and 4-counts of a dance. Once registered for a tryout, the candidates will be able to learn the cheer and dance by viewing it at www.theevolutiongym.com. Presence Counts! Candidates should dress comfortably in shorts, t-shirt, sneakers and socks. Hair must be tied up and off the face and no jewelry is permitted.

Please remember that for the Individual Tryout, all candidates must arrive 30 minutes earlier than their confirmed individual tryout time. Candidates will tryout in groups of three. Tryouts will be closed to general viewing.

There is a \$25 tryout fee due by May 5th for new members and \$12.50 for Platinum members.

Teams will begin practice in June, 2009, practice dates to be announced with team placements. Summer tumbling will involve a team tumble the night of your practice and athletes are encouraged to tumble a second day or participate in a stretch and conditioning class at a discounted price or take advantage of our unlimited option.



Evolution Training Center, LLC and Evolution All Stars, Inc.
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Evolution Training Center, LLC., Platinum Member Program Agreement

At the Evolution All Stars, Inc and Evolution Training Center, LLC we believe that while tryouts mark a new day for our organization, our past makes us who we are today. We appreciate our member families, and would very much like for you to return and most importantly, reward your commitment to our program. Platinum Members do not require a tryout. Your current coaches will work together to develop your skills portfolio for 2009-2010 team placement. Individual Tryouts are for new candidates.

Platinum Member Program Offering:

Members who execute this agreement will be entitled to the following:

1. *Training rate from your first year with the program locked in for the 2009-2010 season
2. Waiving of the individual tryout and 50% off the tryout fee – participation in the Stunting and Team Evaluation is still required.
3. \$25 off coupon towards the purchase of your new Evolution All Stars, Inc. uniform
4. This program is available to both former Gold and Purple Team Members.

To Qualify for the Platinum Member Program:

1. Candidates must have cheered at CAAS during the 2008/2009 season and are in good standing with the gym and organization.
2. A deposit/payment of \$150.00 per family must be made with this executed agreement towards 2009/2010 Evolution Training Center, LLC summer training fees.
3. A deposit/payment of \$150.00 per family must be made by June 1st towards Evolution All-Stars, Inc. choreography and stunt camp fees.
4. This agreement and deposit/payment must be made by May 5, 2009.

* Training rate from athlete's first year with the program refers to the rate charged for gold division full year teams during that season.

WELCOME TO EVOLUTION ALL STARS, INC.!!!!

Please fill out and return to Evolution Training Center, LLC the following information:

Cheerleader Signature _____ Date _____

Parent Signature _____ Date _____

Evolution Training Center, LLC.
Payment Received by: _____
Payment Amount: \$ _____
Date: _____

Evolution All Stars, Inc.
Payment Received by: _____
Payment Amount: \$ _____
Date: _____



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Check List

To register for tryouts, please return the following:

- Tryout Registration Form (with photo attached.)
- Medical Release Form
- \$25.00 Tryout Registration Fee OR \$12.50 and Platinum Member Program Agreement Executed
- Summer Vacation and Conflict Form
- Practice Gear Check (to be cashed upon team placement acceptance)
- 2009 Summer Tumble Registration

When you attend tryouts, please return the following:

- Credit Card Authorization Form for Evolution Training Center, LLC/ Evolution All Stars, Inc.
- Notarized Agreement Form

Please keep the following for your records:

- 2009 - 2010 Evolution All Stars, Inc. Handbook
- 2009 – 2010 Important Dates List
- 2009 - 2010 Evolution All Stars, Inc Estimate Budget
- Evolution All Stars, Inc and Evolution Training Center, LLC. Directory

Please keep the following for future use:

- Absence Request Form

Attach Photo Here:



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Tryout Registration Form

Personal Information

Candidate's Name: _____ Home Phone: _____

Parent's Name: _____ Parent work phone: _____

Parent cell phone: _____ Email: _____

Home Address _____

City: _____, NJ Zip: _____

Candidate's Age on August 31st, 2009: _____ Candidate's grade for 2009/2010: _____

Candidate's cell phone: _____ Candidate's email: _____

Emergency Contact Name and number: _____

Division Tryout: Full Year Half Year - Beginning in November

Prior Cheer Experience:

Religious Commitments for 2009/2010:

Sizes: Shorts _____ Tee _____ Sweatshirt _____ Sweatpants _____ Jacket _____



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AGREEMENT

We are looking forward to an outstanding 2009-2010 season. Please help us by following the guidelines set forth in this packet and the handbook. Coaches and cheerleaders all agree to the same rules at the start of the season. It is the coach's obligation to enforce the rules as they are detailed in the handbook.

When you have read and understood everything in this packet and the handbook, please sign below signifying that you understand the commitment required and that you agree to abide by all rules and policies set forth by Evolution All Stars.

I, the undersigned athlete and parent, agree to abide by the rules and policies of Evolution All Stars, Inc. and Evolution Training Center, LLC as outlined in the tryout Packet and the Handbook. I further understand that if the athlete named below makes an Evolution All Stars, Inc. team, it is a full year commitment that includes camps, practices, competitions and other activities that Evolution All Stars, Inc. deems necessary. I also understand that I am entering into an obligation that requires my full time and financial commitment. I, the undersigned, further agree and acknowledge that competitive cheerleading is a highly competitive sport and team members may be moved to a team that is better suited to their skill. I further understand that there will be NO refunds (competition fees, clothing costs, gym fees, etc.) to anyone who leaves or is dismissed from the program. Anyone who leaves or is dismissed is immediately responsible for all debts, including but not limited to the full amount of yearly training fees payable to Evolution Training Center, LLC, Evolution All Stars, Inc., competition costs, hotel fees and legal fees and other fees.

Candidate's Name (Print) _____

Candidate's Signature _____

Parent's Name _____

Parent's Signature _____

NOTARY ENDORSEMENT:



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Absence Request Form

*Please remit to the front desk

Date you will be absent: _____

Reason For Absence: _____

I, _____ am requesting to be absent from practice on the date above. I know that missing practice places complications and difficulties on the whole team. I also understand that an unexcused absence or continued excused absences can result in being placed in an alternate position or removal from the squad.

Cheerleader Signature _____ Date _____

Parent Signature _____ Date _____

Notes (Office use only):

Coach's signature _____

Excused _____ Unexcused _____

Form Returned to Athlete on: _____



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Important Dates

May 5 & 7, 2009	Stunting and Team Evaluation
May 12 & 14, 2009	Individual Tryouts
May 25, 2009	Gym closed for Memorial Day
June 22, 2009	Summer Session Starts
July 4, 2009	Gym Closed - Independence Day
July 27 -31, 2009	Hold the Date - Team Week / Stunt Camp
July 31, 2009	Hold the Date - Beach Trip
August 14, 2009	Summer Session Ends
August 31, 2009	Fall Session Starts
September 7, 2009	No Practice – Gym Closed -Labor Day
September 18, 2009	Excused Absence -Rosh Hashanah
September 27, 2009	Excused Absence -Yom Kippur
October 31, 2009	No Practice –Halloween
November 3, 2009	Election Day - <i>Please go vote!</i>
November 26, 2009	No Practice – Thanksgiving
December 11, 2009	Excused Absence - First Day of Hanukkah
December 19, 2009	Hold the Date – Evolution Holiday Party
December 24, 2009 - January 2, 2010	Winter Break
March 30, 2010	Excused Absence - Passover
April 4, 2010	Excused Absence – Easter
May 2, 2010	<i>Tentative Date</i> -End of the Year Banquet

The Choreography Camp dates will be announced with team placements



Evolution Training Center, LLC / Evolution All Stars, Inc.

Medical Treatment Authorization and Liability Release

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I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading and tumbling gymnastics at Evolution Training Center, LLC (ETC) / Evolution All Stars, Inc. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervisor to obtain medical treatment for my daughter/son for any such injury or illness during the activity. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such illness or injury through her/his participation, and I further release Evolution Training Center, LLC, and its staff, agents, employees and representatives and Evolution All Stars, Inc. from any and all claims for personal illness or injury that my daughter/son may sustain during participation in said activities. I further understand that Evolution Training Center, LLC and Evolution All Stars, Inc. has established rules and regulations pertaining to conduct, behavior and activities of all students and cheerleading participants, by which my daughter/son must abide during participation in said activities, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations. I further grant permission to ETC and EAS to photograph my daughter/son during the aforementioned activities for use in publications and advertisements to promote ETC, EAS and affiliated companies.

ACTIVITY DESCRIPTION: **CHEERLEADING AND TUMBLING ATHLETICS** including but not limited to tumbling, stunting, jumping, cheerleading, dancing, conditioning and related exercises/ physical activities. Instruction can be done in a camp, clinic, class or team practice setting. This Authorization also releases ETC and EAS along with any school facility that may be rented for the annual cheerleading competition.

This release is in effect for a full year from the date this is signed. This form must be kept current and it is the participant's parent's or guardian's responsibility to notify ETC, and EAS in writing, with any proposed changes. DATE: _____

Participants Name: _____ Grade: _____ Age: _____ Birth Date: _____

Phone: _____ Address _____

City: _____ Zip Code _____ : _____ Parent Cell Phone: _____

Parents' Names: Mother _____ Work # _____

Father _____ Work # _____

Parent E-Mail Addresses: 1) _____ 2) _____

Student E-mail Address: _____

Please List any Custody Restrictions: _____

MEDICAL INFORMATION STATEMENT

My daughter/son is in good physical condition and currently is under no restrictions with regard to physical activity. If my child is in need of Medical attention, and I can not be reached immediately, I grant permission for my child to receive the necessary medical attention by a health care provider selected by ETC.

EXISTING MEDICAL CONDITION(S): _____

MEDICATION(S): _____ ALLERGIES _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE: _____ PREFERRED HOSPITAL: _____

EMERGENCY CONTACT NAME (NOT SELF): _____ PHONE: _____

I/we have read and fully understand all of the above information and attest that given medical information is correct.

PARENT/ LEGAL GUARDIAN SIGNATURE DATE

PARTICIPANT'S SIGNATURE DATE



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Summer Vacation Dates

Each athlete is allowed two missed practices over the summer for vacation. Please note, these excused absences do not carry over to the fall. All athletes are required to attend choreography camp.

Please list your summer vacation dates if known:

1.

2.

Athlete's Name _____



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CREDIT CARD AUTHORIZATION FORM

STUDENT NAME: _____

Cardholder Name: _____

Address: _____

Credit Card Type:

_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number:

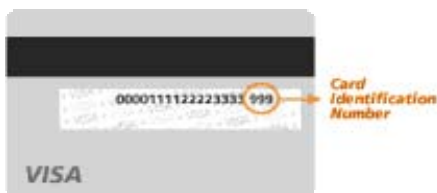
_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card or 4 digits on front of an AMEX): _____



I hereby authorize Evolution Training Center, LLC and/or Evolution All Stars, Inc. to charge my credit card.

Card Holder's signature _____

2009-2010 Evolution All Stars, Inc. Estimated Expenses

Sponsor Fees <i>Payable to Evolution All Stars, Inc.</i>	\$200.00
Summer Training Fees (June 22 – August 14th) <i>Payable to Evolution Training Center, LLC</i>	<p style="text-align: center;">\$280.00 for the Summer Total</p> <p style="text-align: center;">This includes 1 -2 hour practice a week, and 1-60 minute team tumble class per week</p> <p style="text-align: center;">\$336.00 for the Summer Total</p> <p style="text-align: center;">This includes 1 -2 hour practice a week, and 1-90 minute tumble class per week.</p> <p style="text-align: center;">\$380.00 for the Summer Total</p> <p style="text-align: center;">This includes 1 -2 hour practice a week, and unlimited tumble classes per week</p> <p style="text-align: center;"><i>SEE SUMMER AND FALL TUMBLE SCHEDULE FOR ADDITIONAL OPTIONS</i></p>
Returning Members - September – April Training Fees* <i>Payable to Evolution Training Center, LLC</i>	<p style="text-align: center;">Locked in Rate! / Youth level and above (6 hours a week training and one 60 minute tumble class)</p> <p style="text-align: center;">\$120.00 Mini Level (5 hours a week of training and one 60 minute tumble class)</p> <p style="text-align: center;">\$75.00 Tiny level (2 hours of practice a week and one 60 minute tumble class)</p> <p style="text-align: center;">\$90.00 Exhibition Team (2.5 hours of practice a week)</p> <p style="text-align: center;">Ask about the sibling discount! <i>Add \$40 a month for unlimited tumble</i></p> <p style="text-align: center;"><i>SEE SUMMER AND FALL TUMBLE SCHEDULE FOR ADDITIONAL OPTIONS</i></p>
New Member - September - April Training Fees <i>Payable to Evolution Training Center, LLC</i>	<p style="text-align: center;">\$173.00 a month / Youth level and above (6 hours a week training and 1- 60 minute tumble)</p> <p style="text-align: center;">\$120.00 Mini Level (5 hours a week of training and 1- 60 minute tumble)</p> <p style="text-align: center;">\$75.00 Tiny level (2 hours of practice a week and 1- 60 minute tumble)</p> <p style="text-align: center;">\$90.00 Exhibition Team (2.5 hours of practice a week)</p> <p style="text-align: center;">Ask about the sibling discount!</p> <p style="text-align: center;"><i>SEE SUMMER AND FALL TUMBLE SCHEDULE FOR ADDITIONAL OPTIONS</i></p>
Practice Gear <i>Payable to Evolution Training Center, LLC</i> <i>*Athletes are to purchase Infinity Evolutions on their own.</i>	\$93.13
Accessories <i>Bow, socks and competition make up</i> <i>Payable to Evolution Training Center, LLC</i>	\$50.00
Uniform <i>Payable to Evolution Training Center, LLC</i>	\$260.00
Stunt Camp, Choreography & Music Fees <i>Payable to Evolution Training Center, LLC</i>	\$445.00
Competition Registration Fees and Coaches Fees <i>(Estimated)</i> <i>Payable to Evolution Training Center, LLC</i>	\$1265.00
Travel Fees <i>(Estimated)</i>	<p style="text-align: center;">\$1400.00</p> <p style="text-align: center;">These fees are NOT paid to Evolution Training Center, LLC. Travel fees are the cost of the hotel (\$200 a night) and airfare (two tickets at \$400 each) for one fly way competition. These prices can be significantly less based on offered fares for various airlines.</p>
Annual Insurance / Registration Fee <i>Payable to Evolution Training Center, LLC</i>	\$40.00

EVOLUTION ALL STARS PAYMENT SCHEDULE

Expenses & Pay to:	Expense Description and Amount:	1 st Payment	2 nd Payment	3 rd Payment
Stunt Camp, Choreography Fee & Music	All teams - \$445.00 = 3 payments: \$148.33	June 1	July 15	Aug 1
Competition Registrations & Coaches Travel Expenses**	\$1265.00 = 3 payments: \$422.00	Sept 15	Oct 15	Nov 15
Sponsor/ Administrative Fees	\$200.00 Cheerleaders solicit donations from sponsors. Donations will be used to help defray the cost of running a 501C-3 non-profit organization.	Oct 10	N/A	N/A
Uniform Cost	\$260.00 - Due in full. Uniform can not be ordered without full payment.	July 1st		

**These expenses are based upon this upcoming year's estimated competition registration fees and expenses for the coaches.

All Team Members must have a credit card authorization on file for the upcoming 09-10 season. This card will only be charged if payment has not been made by the date listed above.

Other related charges include team training fees, practice gear and sneakers. These costs are outlined on the estimated expenses worksheet.



Directory

Evolution Training Center, LLC – ETC, LLC

Evolution All Stars, Inc- EAS, Inc.

360 Milltown Road

Bridgewater, New Jersey 08807

Phone: 877-NJ-CHEER

Local: 908-450-0384

Fax: 732-568-1771

Email: cheer@theevolutiongym.com

Web: www.theevolutiongym.com

Frequently Asked Questions

Class and Private Instruction Registration Scheduling	Evolution Training Center, LLC or register on-line at www.theevolutiongym.com
All-Star Registration and Scheduling Questions	Evolution All Stars, Inc. or cheer@theevolutiongym.com
Camps and Clinic Questions	Evolution Training Center, LLC or on-line at www.theevolutiongym.com
Suggestions and Concerns	Evolution Training Center, LLC, Michael Drulis at Michael@theevolutiongym.com
Team Logistics Questions	Team Administrator or Evolution All Stars, Inc Communications Coordinator
Team Attendance	Your Team Head Coach, through the Evolution Training Center, LLC phone system
Fundraising & Tagging	Communications Coordinator