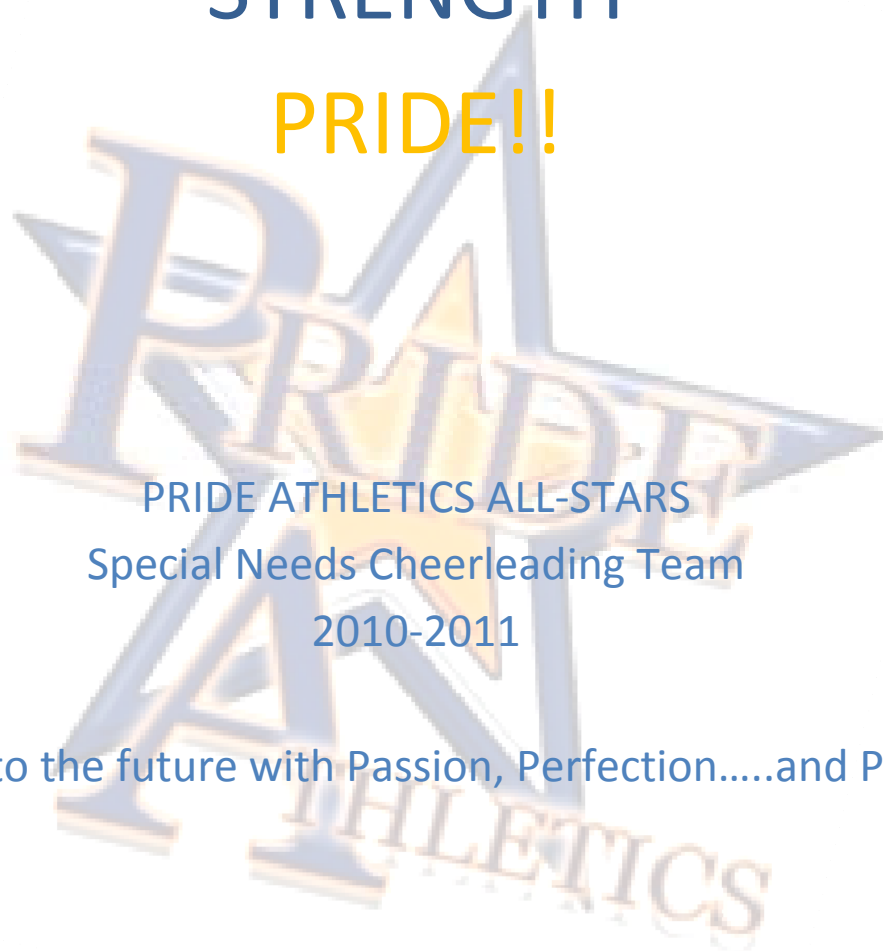


COURAGE

UNITY

STRENGTH

PRIDE!!



PRIDE ATHLETICS ALL-STARS

Special Needs Cheerleading Team

2010-2011

Looking to the future with Passion, Perfection.....and PRIDE!!



Pride Athletics All-Stars  
1087A Janet Way  
Suite 13/14  
Lebanon, Ohio 45036  
513-228-1234  
[www.prideathleticsallstars.com](http://www.prideathleticsallstars.com)

Thank you for your interest in Pride Athletics Special Needs cheerleading program! The 2010-2011 season will give birth to the newest member of the Pride family- The Pride Athletics "Cubbies". The Cubbies are an all-star competitive cheerleading squad designed for the special needs athlete.

Our mission is to create the finest learning environment to nurture lifetime lessons like teamwork, sportsmanship and commitment, while creating lifetime friendships and memories. At Pride we are driven to be a positive influence, while having a lasting impact on our athletes.

The Cubbies are considered a recreational team. This means that the Cubbies get to enjoy all the fun of all-star cheerleading without the large travel, time or monetary commitment of some of the other Pride teams. The Cubbies will learn a full competition routine (2 ½ minutes of stunts, dance, cheer, jumps and tumbling) and participate in approximately one competition each month. (November-March).

All Special Need athletes will need to provide a Doctor's note ASAP, no later than August 1, 2010, identifying any and all physical/psychological/intellectual limitations, injuries, weaknesses, etc AND a medical release that allows the athlete to participate in cheerleading and tumbling. Both the Dr.'s note and the medical release must specifically identify the athlete's area of special need.

We are looking forward to a rewarding and fun season with our newest Pride Athletes! This is a new team for us, so we ask that you have patience with us as we start this new adventure together.

Cheers!  
Kelly Stacey, Owner

## Questions we hope we can answer:

### **Does everyone make the team?**

YES!! We firmly believe that everyone can succeed at cheerleading. Girls and boys of all ages are welcome. Everyone's special needs are different and we will work with everyone. Even the most challenged athlete can participate in some manner on the cheer floor.

### **What if my special needs athlete cannot tumble?**

No worries, our staff has taught many athletes to tumble. We have all been given talents in life, so we do not expect all athletes to tumble. There are numerous other ways in which your child can succeed. All we require of our athletes is a willingness to learn, that they try to follow direction, have a positive attitude, maintain good attendance and want to be a cheerleader.

### **Well, this all sounds great! How does my child become part of the Pride Family?**

1. Attend the open house with your athlete
2. Read our Cubbies packet to get all the info on our policies, schedules etc.
3. Fill out all the attached forms.
4. Return the forms with a copy of the athlete's birth certificate and \$35.00 registration fee.

### **What can we expect during the cheer season?**

- Official practice starts in August. However, we would like to start working your athlete in July.
- Cubbies regular practice time will be Sunday 3:30-4:30/5:00
- Anticipate that practice is to be this day only, unless we need to add an extra practice close to a competition.
- We encourage all members of the Pride family and their families to attend all events in which your athlete participates. The team will really want to show you their PRIDE!!
- We will have some extra fun activities during the season, parades, Holiday parties, Etc. Additionally, special team building and social events are planned for the program. A calendar will be available monthly on our website or the front desk with exact dates & times.

### **Teams & Divisions**

In All-star cheerleading, the United States All-Star Federation (USASF) was created to standardize the industry and determines the divisions and levels of teams. However, there is no age limit or skill limit for special needs cheerleading at this time. Everyone is welcome to be part the Pride Athletics Special Needs Family

### **Time Commitment**

The Cubbies will practice once per week for about 1 hour to 1 ½ hours. We will compete approximately once a month during the season. There may be one overnight competition and several one day trips (within a 2-3 hour drive). All other competitions will be in the Cincinnati area. Please be aware the Cubbies are a full-

season commitment. Like most of athletes, the Cubbies will thrive on stability and having class on the same day, at the same time, with the same people, etc. Not only would quitting mid-season be a big change for your athlete but for all the other athletes as well. So...that being said, let's help our Cubbies succeed and give them the support they need!

### **Fees and Fundraisers**

Cubbies will be required to wear their designated practice outfit to practice. Uniform practice wear encourages teamwork and allows the coaches to visualize routines and formations.

### **Uniforms**

Cubbies will be required to purchase a uniform that will consist of a top, skirt (or pants for males), a hair bow, pom poms and spankies . However, since several uniform manufacturers give a nice discount to special needs teams, we are estimating the total cost of the uniform to be about \$100-\$150. This is not a final cost, but an estimation.

### **Shoes**

We do not require any special needs athlete to purchase a specific shoe. However, all athletes must wear clean, plain, all-white gym shoes for all practices and competitions. Therefore, the first purchase for your new Pride Athlete would be shoes. Again, any white gym shoes are fine, but if you have trouble finding them, please see Coach Kelly or Sherry and they will help you order some.

### **Warm-up Suit and gym bag**

These are not required but highly recommended. They are good for walking in and out of competitions and a place to store your shoes, make-up and poms. These will be available for purchase in our Pride Pro shop.

### **Competition Make-up**

Cubbies will need to purchase their own competition make-up through the Pride Pro-Shop. It should run about \$15. It is fine if you would like to share a make-up kit with another Cubby as a little goes a long way.

### **Other Goodies**

The Pride Pro Shop continually carries different optional items for purchase such as bags, shorts, t-shirts, hoodies, etc. They change seasonally and are very popular especially as birthday or Christmas gifts.

### **Fees and fundraisers**

As we have explained previously, the cost to you for having a Pride Athlete involved in our program is minimal. However, there will be other fees such as spectator entrance fees for competitions, hotel rooms, etc. If you would like to fundraise in order to help pay any costs associated with the program, please consider joining our Pride Parent Boosters. The boosters schedule a number of fundraising opportunities throughout the year to help offset the costs of all-star cheerleading. Please support the boosters – they will be supporting you! Through diligent fundraising efforts, you may be able to pay for most of your seasons expenses. Please be aware that only booster members will be able to fundraise.



## SPECIAL NEEDS PROGRAM RELEASE FORM

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Home Phone Number: \_\_\_\_\_ \*Parent Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

\*Student's Birthday: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Pride Athletics All-Stars Statement of Assumption Of Risk Waiver:**

By allowing my child to attend and participate in cheerleading/dance with Pride Athletics, I acknowledge and agree to the following:

I am fully aware that the activity as a cheerleader/dancer actively presents the risk of injury. I am aware of and appreciate the risks and damages that might occur as a result of my child's participation in or attendance at the activity. I represent and warrant to you that my child is physically and mentally able to participate in a Special Needs Cheerleading Program, and herewith medical documentation.

On behalf of my child, myself and our heirs, administrators and executors, do hereby release, Indemnify and agree to hold harmless Pride Athletics, its coaches and directors from any responsibility or liability for any and all claims, demands, damages, costs, causes of actions, and expenses (including, without limitation, reasonable attorney's fee) arising out of or resulting from my child's participation in or involvement with Pride Athletics, including, without limitations, any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of the activity.

I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in and attend the activity.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(\*) MUST BE FILLED OUT**



## SPECIAL NEEDS PROGRAM MEDICAL FORM AND RELEASE

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

### PLEASE CHECK MEDICAL INFORMATION

Does the athlete have Down Syndrome? YES \_\_\_ NO \_\_\_

If yes, have x-rays of the C1-C2 vertebrae been taken and examined? YES \_\_\_ NO \_\_\_

Date of x-ray \_\_\_\_\_

Is athlete clear of Atlantoaxial Instability? YES \_\_\_ NO \_\_\_

Does the athlete have or is the athlete:

Heart Problems YES \_\_\_ NO \_\_\_

Diabetic YES \_\_\_ NO \_\_\_

Epileptic/Seizures YES \_\_\_ NO \_\_\_

Blind YES \_\_\_ NO \_\_\_

Deaf YES \_\_\_ NO \_\_\_

Hepatitis YES \_\_\_ NO \_\_\_

Other \_\_\_\_\_

Does the athlete have any restrictions in physical movement or activities (i.e. weight/lifting limitations)? YES \_\_\_ NO \_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If athlete has seizure disorder, briefly explain type of typical seizures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Explain any sensory concern, i.e. sensory interrogation disorder – type, degree, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If athlete is non-verbal, indicate preferred method of communication (i.e. sign language, AAC devices, writing, PCS system, etc.): \_\_\_\_\_

\_\_\_\_\_

List any orthotic devices that will be worn during practice and competitions (i.e. braces, ther-a-togs, etc): \_\_\_\_\_

\_\_\_\_\_

Explain any self-care concerns or preferred routines coaches should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain how to best calm your athlete if they are frustrated or angry:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any current medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dosage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies if any: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Any additional information about your athlete that you feel is important or helpful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

