Voltage Athletics
Lil Zapps Cheer Season

Welcome to the 2026–2027 Voltage Athletics Lil Zapps Season!

We are so excited to welcome you to our Lil Zapps family for the upcoming season at Voltage Athletics! What started as a dream has quickly grown into a supportive, encouraging, and purpose-driven program, and we can't wait to continue building something special with our youngest athletes.

Lil Zapps is our non-competitive toddler cheer program designed for athletes ages 3–4. This program focuses on introducing young athletes to the world of cheer in a fun, positive, and age-appropriate environment. Our goal is to help athletes build confidence, coordination, listening skills, teamwork, and a love for movement while having fun and making friends along the way.
Athletes will learn:

- Basic cheer motions
- Beginner jumps
- Introductory tumbling and movement skills
- Simple choreography and routines
- Teamwork, confidence, and class structure

At Lil Zapps, we believe these early years are about creating a strong foundation while allowing kids to grow at their own pace. Practices are designed to keep athletes engaged, encouraged, and excited to come back each week.
This team is a great introduction to cheerleading without the pressure of competition. Our coaches work hard to create a supportive and uplifting atmosphere where every athlete feels successful and celebrated.
We ask families to help support the program by encouraging:

- Consistent attendance
- Positive attitudes
- Patience as athletes learn new skills
- A fun and encouraging environment for all athletes

We are incredibly thankful for the families who continue to support and believe in what we are building at Voltage Athletics. Watching these young athletes grow in confidence and personality is one of the most rewarding parts of our program.

Let's learn. Let's grow. Let's have fun.

Welcome to Lil Zapps — where little sparks create big energy!

Required Forms Include:

- Registration & emergency contact forms
- Waivers and policy agreements
- A liability release form

COMMUNICATION

Our main communication for the season will be done through the Band app. Once I have received your online registration form and payment, you will receive a welcome email and the link to add yourself to the main Voltage group chat on the Band app. After evaluations are completed and teams are officially formed, you will then be moved to your athlete's team group chat.

Fees and due dates

LIL ZAPPS SEASON COST:
Registration: $150
Uniform Package: $120
Monthly Tuition: $45/month
Monthly tuition to be paid for 5 months

PAYMENT Due Dates:
Registration due at Registration
Uniform Payment Due on or before September 18, 2026
Monthly Tuition is Due on the 1st of every month

UNIFORMs:

Our 2026–2027 Voltage Athletics uniform package for our non-competitive/prep teams includes everything your athlete needs to represent the team with pride and confidence:

- Full uniform (top and skirt with built-in shorts)
- Cheer bow
- Warm-up jacket
- Black Rhinestone socks

Parent Responsibilities:
To complete the uniform, parents will need to purchase:

- Black cheer shoes

Cheer shoes will be required for practices. A list of recommended cheer shoe options will be included in the welcome email.

PRACTICES

Practices are held at our gym, which is located on private home property.
Address: 28318 Jenny Lane, Menifee, CA 92584.
A map and detailed parking instruction will be sent in the Welcome email. There is limited parking inside our facility gate, but overflow is street parking and we ask that you do not block any driveways. We ask that all families respect the homeowners and neighboring properties.

All Lil Zapps practices will be on Fridays for 1 hour. 45 minutes of cheer practice with about 15 minutes of games and fun through the practice. Time is still being determined. Once teams are formed mid-June we will be able to provide times for practices.

NO PRACTICE DATES:
November 27th – Thanksgiving Break
December 25th and January 1st – Winter Break

FIRST DAY OF PRACTICE:
August 7th

LAST DAY OF PRACTICE:
Will be the practice before our showcase which will be scheduled in January. Won't have an exact date until the season begins.

Upcoming dates Important Date or Events:

Picture Day:

Date will be announced once we have our uniforms delivered.

Boo Gifts:

Boo gifts are something I have been doing for years with my previous team. I will kick off the boo gifts by booing all the girls with a little gift in October. After the girls will be able to boo their teammates and coaches throughout the month of October. More information as we get closer to October.

Christmas Gift Exchange (Secret Santa):

We will do this on the last day before the Christmas/Winter break. This will also be a Christmas themed practice, so dress in Christmas theme.

Coaching Staff

Coach Tiffany, *Director*
Coach Shannon, Head Coach of Lil Zapps
Coach Kayla, Assistant Coach

We are so incredibly excited for this season to watch these athletes grow even more in their skills. If you have any questions, please feel free to reach out to Coach Tiffany.
We bring the storm – We are Voltage!!

2026-2027
Lil Zapps Participant Form

Athlete Information:

Athlete's Legal Name: _____
Last First Middle

Athlete's Address: _____
Address City Zip

Athlete's Birthdate: _____ Age as of August 31, 2026: _____

Parent/Guardian Information:

What communications would you like to be

Mother/Guardian 1's Name: _____

Cell Phone: _____ Email: _____

□ Email □ Text
□ Call □ Group Chat
□ Emergencies ONLY

Father/Guardian 2's Name: _____

Cell Phone: _____ Email: _____

□ Email □ Text
□ Call □ Group Chat
□ Emergencies ONLY

How did you hear about us? _____

Emergency Contacts: *(Preferably not parents/guardians)*

Emergency Contact Name: _____ Cell Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

Medical Information & Insurance Acknowledgment:

Medical Insurance
Company Name: _____ Policy Number: _____
(if no insurance please put parent/guardian's social security number)

Any Allergies/Medical Conditions: _____
If none please write none

Insurance Disclosure for Participant Accident Coverage

Participant Accident Insurance Coverage Notice

Voltage Athletics LLC provides limited Participant Accident Insurance for registered athletes. This coverage is **secondary**, meaning it is intended to assist with eligible medical costs **after** your personal or family health insurance has been billed.

This policy **does not replace personal health insurance**. If your athlete is injured during a covered activity, **you are responsible for submitting claims to your primary insurance first**. Any remaining eligible expenses may then be submitted under the participant accident coverage, subject to the policy's terms, limits, and exclusions.

*By signing below, you acknowledge that you understand this coverage is **not primary** and that you are responsible for any medical costs not covered by either your own insurance or the participant accident plan.*

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Name (Print) Date

Emergency Medical Treatment Authorization:

In the event of a medical emergency involving my child, I hereby authorize **Voltage Athletics LLC staff, coaches, or designated representatives** to seek and secure medical treatment deemed necessary for the health and safety of my child.

I understand that reasonable efforts will be made to contact me prior to treatment, but if I cannot be reached, I give permission for a licensed **physician, EMT, or other qualified medical professional** to render necessary care, including but not limited to evaluation, diagnostic testing, emergency procedures, or hospital admission.
I acknowledge that I am financially responsible for any medical services provided and that Voltage Athletics LLC does not provide primary medical insurance.

By signing below, I confirm that I have read and understand this authorization and agree to its terms.

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name (Print)	Date

Waiver of Liability for Medical Events

I understand that cheerleading is a physical activity that carries an inherent risk of injury. I acknowledge that my child's participation in any and all Voltage Athletics LLC activities is voluntary and at my own risk.

I hereby release, waive, and hold harmless **Voltage Athletics LLC**, its owners, staff, volunteers, coaches, and affiliated parties from any and all liability, claims, or demands related to injuries, illnesses, or medical events that may occur during participation—except in cases of proven gross negligence.

I understand that I am financially responsible for any medical care required and that any insurance provided by Voltage Athletics LLC is limited and secondary.

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name (Print)	Date

Financial Policy – Lil Zapps

1. Monthly tuition is due on the **1st of each month** and is considered late after the **5th**. A **$25 late fee** will be applied to overdue accounts unless prior arrangements have been made.
2. Payments must be made through the designated payment method provided by Voltage Athletics.
3. If a payment is returned or declined, the account holder is responsible for any applicable processing or bank fees.
4. Athletes with outstanding balances may be unable to participate until their account is brought current.

By signing below, I confirm that I have read and understand this authorization and agree to its terms.

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name (Print)	Date

VOLTAGE ATHLETICS OFFICIAL USE ONLY

Full Registration ☐ **Uniform ☐** **Monthly Tuition Setup Date: _____**

Uniform and Jersey size: Shirt: _____ Skirt: _____

Acknowledgment of Inherent Risk & Safety Guidelines

Cheerleading is a **safe, rewarding, and fun** athletic activity when proper technique and safety rules are followed. However, as with any physical sport, there are **inherent risks** involved. Training involves **aerobic activity, jumping, tumbling, stunting, and motion-based performance**, which can place physical demands on the body.

While following proper coaching, training protocols, and safety precautions reduces risk, it cannot eliminate it completely.

Possible Injuries Include, But Are Not Limited To:

- Muscle strains and ligament sprains
- Bruises (contusions), abrasions, and blisters
- Joint or muscle soreness and stress fractures
- Broken bones or dislocations
- Head, neck, or spinal injuries (including paralysis)
- In very rare cases, severe trauma or death

By participating in Voltage Athletics, you acknowledge the risks and agree to follow all safety rules and guidelines to help minimize the chance of injury.

To Promote Safety, Athletes Must:

- Never stunt, tumble, or condition **without a coach present**
- Always **warm up and stretch** before practice or events
- Use **appropriate spotting and safety mats** at all times
- Never attempt stunts or skills **not approved by a coach**
- Stay focused—**no talking, laughing, or horseplay** during skills
- **Report any injury immediately** to the coach, no matter how small
- **Wear cheer shoes, proper athletic clothing, and bring water**
- **Remove all jewelry and piercings** before participating
- **Chew no gum** during practices or performances
- Keep **hair secured off the face and shoulders**
- **Keep fingernails trimmed** (no longer than fingertip length)
- Eat nutritious meals and **get adequate rest** before practices
- Ask for clarification or help from a coach **if unsure about a skill**

____ I give consent for emergency medical treatment if necessary

Agreement & Consent

I, _____, have read and understand the **Inherent Risk & Safety Guidelines** provided by Voltage Athletics LLC. I acknowledge that I am **physically able and voluntarily participating** in this program and accept the risks associated with cheerleading.

I agree to follow all rules, coach instructions, and safety protocols. I understand that failure to do so may result in **suspension or removal** from the program.

The undersigned parent/guardian understands that participation in cheerleading, tumbling, conditioning, and related athletic activities involves inherent risks including but not limited to falls, collisions, and other potential injuries.

By signing this agreement, the parent/guardian agrees to release, indemnify, and hold harmless Voltage Athletics, its owner, coaches, staff, volunteers, and the property owners where Voltage Athletics operates, from any and all claims, liabilities, damages, or expenses arising from participation in programs, classes, practices, events, or use of the facility.

This agreement includes any injuries, damages, or losses that may occur on or around the premises where Voltage Athletics activities are held.

Athlete Name (Printed): _____ **Athlete Signature (If Age 11+):** _____

Parent/Guardian Name (Printed): _____ **Parent/Guardian Signature:** _____

Date: _____

MINOR LIABILITY WAIVER, RELEASE & ASSUMPTION OF RISK

Participant (Minor) Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Phone: _____ Email: _____

Cheer Organization: Voltage Athletics
Facility/Property Owner: Team Vaughan Fitness LLC - 28318 Jenny Lane, Menifee CA 92584

1. ACKNOWLEDGMENT OF RISK
I understand and acknowledge that cheerleading, tumbling, stunting, jumping, and related athletic activities involve inherent risks, including but not limited to:

- Falls and collisions
- Sprains, strains, fractures
- Head, neck, and spinal injuries
- Permanent injury or death

I understand these risks exist even when proper training, supervision, and safety equipment are used.

2. ASSUMPTION OF RISK
On behalf of myself and my minor child, I voluntarily and knowingly assume all risks, known and unknown, associated with participation in cheer and athletic activities at the facility.

3. RELEASE OF LIABILITY (To the Extent Permitted by California Law)
To the fullest extent permitted by California law, I hereby release and discharge the Facility Owner, its owners, officers, employees, agents, and affiliates from any and all claims, demands, or causes of action arising out of or related to my child's participation in activities at the facility, including claims based on ordinary negligence.
I understand this release may not fully bar claims for injuries to minors under California law, but it is intended to apply to the maximum extent allowed.

4. COVENANT NOT TO SUE
I agree not to bring or assist in bringing any claim or legal action against the Facility Owner for injuries arising from participation, except as prohibited by California law. I assume all risk and bodily harm by choosing to allow participation at this private residence which is solely at my own risk and discretion.

5. INDEMNIFICATION
To the fullest extent permitted by California law, I agree to indemnify and hold harmless the Facility Owner from any claims, damages, or expenses (including attorney fees) brought by or on behalf of my child or any third party arising from my child's participation in activities at the facility.

6. MEDICAL AUTHORIZATION
I authorize the cheer organization and its representatives to obtain emergency medical treatment for my child if necessary. I understand that:

- The Facility Owner is not responsible for providing medical care
- I am financially responsible for any medical treatment rendered

7. INSURANCE
I understand that the Facility Owner does not provide medical or accident insurance for participants and that any coverage is the responsibility of the cheer organization or myself.

8. COMPLIANCE WITH RULES
I agree that my child will comply with all cheer organization rules, facility rules, and safety requirements. Failure to comply may result in removal from activities.

9. SEVERABILITY
If any portion of this Agreement is found unenforceable, the remaining portions shall remain in full force and effect.

10. GOVERNING LAW
This Agreement shall be governed by and interpreted in accordance with the laws of the State of California.

11. PARENT/GUARDIAN CERTIFICATION
I certify that:

- I am the legal parent or guardian of the minor named above
- I have read and understand this Agreement
- I sign this Agreement voluntarily and with full understanding of its contents

PARENT / LEGAL GUARDIAN SIGNATURE:

Signature: _____ Date: _____

Printed Name: _____ Childs Name: _____