



# TEAM ILLINOIS CHEER

*family information form*

## SELECT YOUR PROGRAM

Please select your program for the 2020-21 season:

- ELITE ALL STAR (full season)       ELITE ALL STAR (half season)       PREP ALL STAR (limited travel)

## ATHLETE INFORMATION

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

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade (Fall '20): \_\_\_\_\_ Male Female

School: \_\_\_\_\_ School District #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Athlete Cell (optional): ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Please circle YES next to Primary Email if you'd like that email to receive communication throughout the 2020-2021 season.

Mother's Name: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Primary Email: YES NO

Father's Name: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Email: \_\_\_\_\_ Primary Email: YES NO

Legal Guardian (if applicable): \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Guardian's Email: \_\_\_\_\_ Primary Email: YES NO

## INSURANCE INFORMATION

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Carrier's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

<b>NUMBER</b>	<b>OFFICE USE ONLY</b>
	<input type="checkbox"/> Family Information <input type="checkbox"/> Athlete Information <input type="checkbox"/> Liability Release & Waiver <input type="checkbox"/> Medical Release & Waiver <input type="checkbox"/> Birth Certificate (copy)



# TEAM ILLINOIS CHEER

*athlete information form*

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

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade (Fall '20): \_\_\_\_\_ Male Female

## PREVIOUS EXPERIENCE

19-20 Team: \_\_\_\_\_ Level(s): \_\_\_\_\_

18-19 Team: \_\_\_\_\_ Level(s): \_\_\_\_\_

Number of years involved in cheerleading: \_\_\_\_\_

Number of years involved in gymnastics: \_\_\_\_\_

## STUNTING

Primary Stunt Position (*please circle*): Back Spot Main Base Side Base Flyer No Experience

Secondary Stunt Position (*please circle*): Back Spot Main Base Side Base Flyer No Experience

## STANDING TUMBLING

Please indicate all of the skills you are able to perform on your own (without a spot):

\_\_\_\_\_ Back Handspring

\_\_\_\_\_ Standing Tuck

\_\_\_\_\_ Toe Touch Tuck

\_\_\_\_\_ Back Handspring Multiples

\_\_\_\_\_ Back Handspring Tuck

\_\_\_\_\_ 2 Back Handsprings Layout

\_\_\_\_\_ Toe Touch Back Handspring

\_\_\_\_\_ 2 Back Handsprings Tuck

\_\_\_\_\_ 2 Back Handsprings Full

Other Skills: \_\_\_\_\_

## RUNNING TUMBLING

Please indicate all of the skills you are able to perform on your own (without a spot):

\_\_\_\_\_ Round Off Back Handspring

\_\_\_\_\_ Round Off Back Handspring Layout

\_\_\_\_\_ Round Off Back Handspring Multiples

\_\_\_\_\_ Round Off Back Handspring Full

\_\_\_\_\_ Round Off Back Handspring Tuck

Other Skills: \_\_\_\_\_

## SKILL ASSESSMENT

**STAFF USE ONLY**

**STANDING TUMBLING:**

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

**RUNNING TUMBLING:**

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

**STUNT POSITION & COMMENTS:**



# TEAM ILLINOIS CHEER

*liability release & waiver*

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Legal Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian Cell: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, I \_\_\_\_\_, as a parent or legal guardian of \_\_\_\_\_

A minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above team to be conducted by Team Illinois Cheer, Inc. I, in my own behalf and on the behalf of the Minor, further agree to release and hold harmless Team Illinois Cheer, Inc., the hosting site, on whose premises the practice will occur, the affiliates of Team Illinois Cheer, Inc. and the location and respective directors, officers, representatives, members, agents and contractors of Team Illinois Cheer, Inc. from any and all liability for negligence or any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the practice/competition, 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 clinic/practice/competition, all activities associated with Team Illinois Cheer, Inc. while traveling to and from the site for clinic/practice/competition. I further expressly agree to indemnify and hold harmless Releases and Releasees' heir, 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 make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that the Minor and I may be exposed to or infected by Covid-19. Exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by Covid-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to Team Illinois Cheer, Inc. contractors, volunteers, and program participants and their families.

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 Team Illinois Cheer, Inc. from liability and contains an acknowledgement of my voluntary and knowing assumption of the risks 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 clinic/practice/competition 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/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# TEAM ILLINOIS CHEER

*medical release & waiver*

**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 clinic/practice/competition. In the event of such illness or injury, I authorize Team Illinois Cheer, Inc., 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 clinic/practice/competition and while traveling to and from the site for the clinic/practice/competition whether or not the event actually occurs.

**Insurance Information:** The following information is **REQUIRED** for participation.

Minor's Name: \_\_\_\_\_ Minor Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Medical Insurance Policy/Group Number – REQUIRED: \_\_\_\_\_

**Emergency Information:**

Name to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

**Medical Information:** 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 clinic/practice/competition and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that the Minor suffers from the following conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read the 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 Team Illinois Cheer, Inc. from liability and contains an acknowledgment 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 clinic/practice/competition will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and on my own free will.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_