



2019-2020 EVALUATION INFORMATION

Evaluations for the 2019-2020 season will take place June 3rd through June 8th. Please read the information below regarding the evaluation process.

Day 1 – Age Evaluations: The first day of evaluations is split up into age groups. During this time we will be evaluating each athlete's specific skills in a practice setting. The days and times for each age group are listed below. Age is as of August 31, 2019.

Monday, June 3rd	5:00-6:00 pm	Flyer Evaluations Ages 8-12 (open to all athletes)
	6:00-7:00 pm	Flyer Evaluations Ages 13-18 (open to all athletes)
	7:15-9:15 pm	Ages 15-18
Tuesday, June 4th	5:00-7:00 pm	Ages 9-11
	7:15-9:15 pm	Ages 12-14
Wednesday, June 5th	5:00-6:00 pm	Ages 3-5 (\$25.00 evaluation fee/no group evaluation required)
	6:00-7:00 pm	Ages 6-8
	7:00-8:00 pm	Make-Up Evaluations

Group evaluation times will be emailed out on Wednesday, June 5th after 10:00 pm.

Day 2 – Group Evaluations: The second day of evaluations will be split up into groups of athletes with similar skill levels. We feel strongly that this will give the staff the opportunity to determine where each athlete fits best in our program at this point in time.

Thursday, June 6th	5:00-7:00 pm	Group A
	7:15-9:15 pm	Group B
Friday, June 7th	5:00-7:00 pm	Group C
	7:15-9:15 pm	Group D
Saturday, June 8th	11:00-1:00 pm	Group E
	1:15-3:15 pm	Flyer Evaluations (invite only)

Tentative team placements will be emailed out on Sunday, June 9th after 7:00 pm.

Please Read: Even though your athlete will be asked to come to a group with a specific skill level this does not mean the athlete will or will not be placed on a team of that same level. These groups are just another way for us to divide the athletes for the second day of evaluations and work with them in a practice setting.

TEAM PLACEMENT

We will be forming tentative teams (released after the evaluation process) to practice throughout the June & July. During this time athletes will be evaluated in stunts, basket tosses, tumbling and jumps in a team setting. Athletes may be placed on multiple teams so the coaching staff can properly evaluate their abilities. We feel this will give us the best opportunity to find the right fit for every athlete and form the most competitive teams possible. Teams will be finalized throughout the summer months.

Tentative team placements will not be based solely on tumbling skills, athletes who have minimum level skills may be asked to attend multiple team practices to help find the best fit for them and the team. The coaches will be looking at the "total package" and what attributes each athlete can bring to the team. Exceptions in tumbling requirements can be made by the Team Illinois staff if the athlete excels in other skill areas that will benefit a team. **Past attendance, attitude and work ethic will also be factors highly considered for returning athletes.**

RESULTS

Group Evaluations: Group evaluation times will be emailed out on Wednesday, June 5th after 10:00 pm.

Team Placements: Tentative team placements will be emailed out on Sunday, June 9th after 7:00 pm.

EVALUATION FEE & FORMS

The evaluation fee for Team Illinois is \$35.00 (\$25.00 if you register for evaluations by May 31st). This is non-refundable.

The following forms must be completed at time of registration:

- Athlete/Family Information Form (page 3) and Evaluation Information Form (page 4)
- Liability Release & Waiver (page 5) and Medical Release (page 6)
- Copy of your athlete's Birth Certificate (new TI members only)
- Evaluation Fee

EVALUATION ATTIRE

All athletes who are attending evaluations must be dressed in the following attire throughout the evaluation process:

- Black Cheer Shorts
- Black Sports Bra or Black Fitted Tank Top
- Hair in HIGH Ponytail with White Bow
- Age Appropriate Make-Up

**Please DO NOT wear any clothing that may associate you with any team or gym (this includes Team Illinois apparel from previous years).*

TEAM REGISTRATION

If you choose to accept your position in the Team Illinois program, registration for the 2019-2020 season will be held on Monday, June 10th from 6:00-8:00 pm and Tuesday, June 11th from 6:00-8:00 pm. Practices (for youth-senior elite teams) will begin Wednesday, June 12th and Thursday, June 13th. Athletes will not be allowed to participate in team practices without completing the registration process – **NO EXCEPTIONS.**

Along with the signed Commitment Form, Credit Card Information Form and Vacation Form, the following fees will be due at team registration:

Items	Novice	Prep	Youth	Junior	Senior
Gym Registration	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00
June Tuition	n/a	n/a	\$150.00	\$150.00	\$150.00
Choreo. Deposit	\$50.00	\$100.00	\$150.00	\$150.00	\$150.00
Practice Wear	\$75.00	\$125.00	\$125.00	\$125.00	\$125.00
Total Due	\$250.00	\$350.00	\$550.00	\$550.00	\$550.00

**Please note if you have more than one athlete in the program you only pay the \$125.00 registration fee for one athlete.*

ADDITIONAL INFORMATION

- If there is **ANY BALANCE** on your account from last season, your athlete will not be allowed to be evaluated until the balance is paid in full.
- If your athlete cannot attend evaluations, please email teamillinoischeer@gmail.com to set up a private evaluation (\$35.00 evaluation fee still applies plus a \$10.00 private evaluation fee).



TEAM ILLINOIS CHEER

ATHLETE/FAMILY INFORMATION FORM

SELECT YOUR PROGRAM Novice (Non-Travel) All Star Prep (Local/Limited Travel) Elite (Travel)

ATHLETE INFORMATION

First Name: _____ Last Name: _____ Female Male

Birthdate: _____ / _____ / _____ Age as of August 31, 2019: _____ Grade (Fall '19): _____

School: _____ School District #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Athlete Cell: (_____) _____

Athlete Email: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Mother's Cell: (_____) _____

Mother's Email: _____

Father's Name: _____ Father's Cell: (_____) _____

Father's Email: _____

Legal Guardian (if applicable): _____ Guardian's Cell: (_____) _____

Guardian's Email: _____

Emergency Contact: _____

(name / relation to athlete / phone)

INSURANCE INFORMATION

Insurance Carrier: _____ Policy #: _____

Carrier's Phone: (_____) _____ Group #: _____

NUMBER	OFFICE USE ONLY		
	<input type="checkbox"/> Evaluation Fee	<input type="checkbox"/> Athlete/Family Information	<input type="checkbox"/> Evaluation Information
	<input type="checkbox"/> Liability Release & Waiver	<input type="checkbox"/> Medical Release	<input type="checkbox"/> Birth Certificate



TEAM ILLINOIS CHEER

EVALUATION INFORMATION FORM

First Name: _____ Last Name: _____ Female Male

Birthdate: _____ / _____ / _____ Age as of August 31, 2019: _____ Grade (Fall '19): _____

PREVIOUS EXPERIENCE - Please list your previous cheerleading experience.

Number of years involved in cheerleading: _____ Number of years involved in gymnastics: _____

18-19 Gym: _____ Team: _____ Level: _____

17-18 Gym: _____ Team: _____ Level: _____

STANDING TUMBLING - Please mark all the skills that you can execute on a spring floor **without** a spot.

- | | | |
|--|--|--|
| <input type="checkbox"/> No Experience | <input type="checkbox"/> Back Walk Over | <input type="checkbox"/> Back Handspring |
| <input type="checkbox"/> Multiple Back Handsprings | <input type="checkbox"/> Back Tuck | <input type="checkbox"/> Back Handspring Back Tuck |
| <input type="checkbox"/> 2 Back Handsprings Layout | <input type="checkbox"/> Toe Touch Back Tuck | <input type="checkbox"/> 2 Back Handsprings Full |

Other: _____

RUNNING TUMBLING - Please mark all the skills that you can execute on a spring floor **without** a spot.

- | | | |
|---|--|---|
| <input type="checkbox"/> No Experience | <input type="checkbox"/> Round Off | <input type="checkbox"/> Cartwheel Back Walk Over |
| <input type="checkbox"/> Round Off Back Handspring | <input type="checkbox"/> Round Off Multiple Back Handsprings | |
| <input type="checkbox"/> Round Off Back Handspring Tuck | <input type="checkbox"/> Round Off Back Handspring Layout | |
| <input type="checkbox"/> Round Off Back Handspring Full | <input type="checkbox"/> Round Off Back Handspring Double | |

Other: _____

STUNTING - Please mark your experience in stunting.

- | | | | |
|--|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> No Experience | <input type="checkbox"/> Flying | <input type="checkbox"/> Basing | <input type="checkbox"/> Back Spotting |
|--|---------------------------------|---------------------------------|--|

QUESTIONS BELOW MUST BE COMPLETED

What level team is your athlete striving to make? Level 1 Level 2 Level 3 Level 4.2 Level 4 Level 5 Level 6

If given the opportunity I will allow my athlete to crossover (participate on two teams): YES NO

My athlete would accept a position on the same level they competed on during the 2018-19 season: YES NO

If "No" to the question above, explain why: _____

My athlete is willing to participate on any team at TI, regardless of age group or level: YES NO

If "No" to the question above, explain why: _____

Do you cheer (or dance) for your school? YES NO

Please list all extracurricular activities (ex. chorus, band, etc.) that your athlete participates in during the competitive season: _____



TEAM ILLINOIS CHEER

LIABILITY RELEASE & WAIVER FORM

Participant's Last Name: _____ First Name: _____

Parent/Legal Guardian Last Name: _____ First Name: _____

Home Phone #: _____ Cell Phone #: _____ Fax: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade in School: _____ Male _____ Female _____ Date of Birth ____/____/____

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 Cheerleading, Inc. and the location and respective directors, officers, representatives, members, agents and employees 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, 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 or Legal Guardian: _____ Date: _____



TEAM ILLINOIS CHEER

MEDICAL RELEASE

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.

Athlete's Name: _____ Parent's Name: _____

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

Insurance Company: _____ Insurance Company Phone # _____

Insurance Company Address: _____

Medical Insurance Policy/Group Number – REQUIRED: _____

Emergency Information:

Name to Contact: _____

Address: _____ City, State, Zip: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

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 or Legal Guardian: _____ Date: _____

Relationship to Minor: _____

Minor SS#: _____/_____/_____ Minor Date of Birth: _____