



ROCKSTAR CLEVELAND CHEER 2018 - 2019 TRYOUT REGISTRATION

Are you ready to Rock with Us? We need some information to get started. Please fill out completely.
Athletes will not be placed on a team if information is missing or payment is not received in full.

ATHLETE INFORMATION

ATHLETE NAME:

DATE OF BIRTH:

AGE ON AUGUST 31, 2018:

EMAIL FOR NOTIFICATION OF PLACEMENT:

NAME OF PERSON WHO REFERRED YOU TO ROCKSTAR:

CHECKLIST FOR TEAM PLACEMENT & REGISTRATION FEES

Gym Waiver Form

Tryout Registration Fee, Based on Date Registration & Payment Received

\$25/Athlete On or Before May 12

\$35/Athlete On or Before May 17

\$45/Athlete After May 17

Please Note that Team Placement Fees are Per Athlete, and Will Not Be Discounted or Refunded for Any Reason

EMERGENCY CONTACT DURING TEAM PLACEMENTS

Emergency Contact Name

Relationship

Phone Number

PRIOR EXPERIENCE

Please describe any prior cheerleading, tumbling, or gymnastics experience. Include level and stunt position for cheerleading.

SUMMER AVAILABILITY

Please list the times you are NOT available for practice from June - August, such as other sports or work commitments.
Also, please let us know about vacations planned.

DOUBLE TEAMING

Double teaming (being on more than one squad) has many benefits. Gym time is almost doubled, and an athlete has the opportunity to advance quicker as well as the advantage of being able to take on more than one role in a single season without doubling their tuition. The cost for double teaming this upcoming season will be only \$50 per month.

Would you like to be placed on more than one competitive team? Please check a box below.

Yes

No

ALTERNATE POSITIONS

We will be selecting alternates for our squads. An athlete will be placed permanently on one team, then can be an alternate on a second team. Alternates will be expected to attend practices and competitions with the team and will step in for absences of other team members, but will not pay the double teaming fees unless they are asked to become a permanent member of their second team.

Would you like to be considered for an alternate position?

Yes

No

PAYMENT INFORMATION

Amount Due

Payment Type (Circle One)

Cash

Check

Visa

MasterCard

Check/Credit Card #

Signature Authorization

Date Received

Full Name on Credit Card

Exp Date

Security #

Billing Address

City

State

Zip

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