



## Flip City All-Stars 2020/2021 Tryout Evaluation

WE ARE REALLY LOOKING FORWARD TO MAKING THE 2020-2021 OUR BEST SEASON YET and are thankful for our all our returning athletes. For our new athletes, welcome to the to the Flip City Family! During this pandemic we are following all CDC guidelines and have adjusted our season tryouts to reflect that. Additionally, safety for our athletes is our number one priority! For those who are unfamiliar with our evaluation process, an athlete typically participates in! evaluations with all coaches and athletes of similar skills, and team placement is based on the! feedback of coaches. We have decided to provide two options for each athlete's evaluation: VIRTUALLY or IN PERSON (Small Groups). Virtual evaluations will need to be completed between May 23-30. Based on the submission- an in-person evaluation may follow in June! Small group tryouts for ages 3-12 will be held on May 30<sup>th</sup>, and ages 12-18 will be held on May 31<sup>st</sup>.

Please read the below and return the completed packet and video submissions by: May 30th Thank you!

### **2020/2021 Evaluation Information:**

\$40 Returning Athletes (from the 19/20 season)

\$50 New Athletes

### **Option 1 Virtual Evaluations:**

**New Athletes:** In a best-case scenario, each new athlete to our program will do their FIRST EVALUATION VIRTUALLY and their SECOND EVALUATION IN-PERSON at the gym, given that state phasing restrictions allow for it.

### **Returning Athletes:**

All returning athletes will have two options:

1) You must complete your FIRST EVALUATION VIRTUALLY and one of your 2019-2020 coaches will privately evaluate you based on your performances and attitude throughout the season and your submission.

### **Next Steps:**

1. **LEARN THE CHEER/DANCE** that most appropriately represents your motion and performance ability level. This will be submitted via email.

2. **SECURE A CLEAR VIDEO PERFORMANCE** of your 2019-2020 routine to be shared during your evaluation appointment. Supporting videos from classes, privates, and open gym will be accepted if the video follows the guidelines below:
  - a) The athlete must be clearly visible .
  - b) The video must not be older than 6 months .
  - c) Skills to be considered must be performed on a standard performing surface and not a trampoline, tumble track, or air/rod floor.

**\*New athletes to cheer who have no prior tumbling or gymnastics**, experience may skip this step.
3. Email the completed forms and video from the TEAM MEMBER packet to **[flipcitytryouts2020@gmail.com](mailto:flipcitytryouts2020@gmail.com)**

### **Option 2 In Person Evaluations:**

#### **New and Returning Athletes**

1. Complete the team packet and email it to **[flipcitytryouts2020@gmail.com](mailto:flipcitytryouts2020@gmail.com)**
2. Learn the choreography to be prepared for tryouts.
3. Flip City will email you with your appointment .

### **Choreography:**

#### **Intermediate:**

<https://youtu.be/8RwXndoQ-DU>

<https://youtu.be/IYIHrXputJA>

#### **Advanced:**

<https://youtu.be/8u443o5l-e8>

<https://www.youtube.com/watch?v=iW56egelZPQ>

At Flip City, we take great pride in our appearance because we believe that presentation is everything. We ask that you begin your season with by wearing the following to tryouts:

Females – Blue, Black or Silver sports bra and/or t-shirt, shorts or leggings, socks & sneakers, hair in a high ponytail with a matching bow, absolutely no jewelry

Males – Blue, Black or Silver t-shirt, shorts, socks & sneakers, hair should be clean cut and face should be clean-shaven, absolutely no jewelry

Check all that apply:

- All Star Cheer
- All Star Dance
- Trial Class
- Class
- Private Lesson
- Gym Rental
- Misc. \_\_\_\_\_



For Office Use Only:

Team / Class:	
Registration Date:	
Payment Method:	
Payment Amount:	

## REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION
Name: _____
Address: _____
City: _____ State: <u>  </u> Zip: _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F    DOB: _____
Cell Phone #: _____

PARENT/GUARDIAN INFORMATION
Parent/Guardian _____
1: Cell Phone #: _____
Email: _____
Parent/Guardian _____
2: Cell Phone #: _____
Email: _____

### MEDICAL INFORMATION

**Email:** Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance:

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (list all): \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

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

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

### FLIP CITY GYM & CHEER INC (herein after referred to as "FLIP CITY") ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

In consideration for (athlete name) \_\_\_\_\_'s participation in the activities provided by Flip City, including but not limited to all aspects of cheerleading, tumbling, trampoline and gymnastics and/or competition, I am fully aware that any activity involving motion, height, athletic activity creates the possibility of serious injury or death. I hereby release Flip City, including its officers, shareholders, agents, and employees from any liability to the above names athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premise of Flip City, including and event sponsored or sanctioned by Flip City, and/or travel to and from such activities.

This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment. It is intended to be as broad as permissible under Florida Law. I am fully aware of the nature of activities provided and the possibility of injuries. I further agree to hold Flip City harmless, indemnify and defend Flip City, including its officers, shareholders, agents, and employees from any loss, liability, damage or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by Flip City.

This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor interest, and anyone claiming by or through him/her. In addition, I give Flip City permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotion; print associated with anything concerning Flip City. I have read and understood the registration form and agree to all the terms stated above. I also attest all information given is factual. I certify that the athlete is in good health and may participate in any Flip City activity. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Flip City to take the above-named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary or Witness (Print): \_\_\_\_\_

Notary or Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark the box next to main phone # to call with Results and/or Questions:

\_\_\_\_\_  
Athlete Name Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Phone # \_\_\_\_\_ Gym/Program in 2019-20 \_\_\_\_\_ Team & Level in 2019-20 \_\_\_\_\_ # of Years in All Star \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Parent Name \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Team/Division/Level Request \*\*\*\*

\*\*\*\* These requests will be considered, but no guarantees are made. Requesting to fly, to be on an older team than your normal age group, or to be on a team with higher-level skills than the ones you currently have are unlikely to make an impact on the final roster selection.

If you have been on a team before, what role(s) did you play in stunt groups? (Check all that apply)

MAIN  SIDE  BACK  FLYER  FRONT

What is the HIGHEST level of stunts you have competed? (mark one) 1 2 3 4 5 6/7

Social Media Handles (FB, IG, Twitter - Please list all that apply):  
\_\_\_\_\_

Are you interested in being a crossover? If so, list the level(s) you are interested in:  
\_\_\_\_\_

What extra-curricular activities will be a higher priority for you than your all star team? (For what would you potentially request an excused absence?)  
\_\_\_\_\_

What dates/weeks will you be missing this summer (if any) for school cheer, camp, family vacation, or other commitments that you cannot reschedule?  
\_\_\_\_\_



Athlete Name \_\_\_\_\_

Age \_\_\_\_\_

Please put a check mark **IN THE CIRCLES ONLY** for skills you can currently complete safely, consistently, with good technique, and **WITHOUT A SPOTTER**.

LEVEL 1

**Beginner**

- Forward Roll
- Backward Roll
- Cartwheel
- Round Off

**Intermediate**

- Jumps to Forward Roll
- Jumps to Backward Roll
- Bridge Kick Over
- Back Walkover

**Advanced**

- Front Walkover
- Back Walkover Series
- Specialty Series

LEVEL 2

- Standing BHS
- Jumps pause BHS
- Round Off BHS
- Front Handspring

- BHS pause BHS
- BWO BHS
- RO BHS Series
- Front Bounder

- FWO RO BHS Series
- Specialty Series
- Front Bounder Step Out
- FHS Front Bounder

LEVEL 3

- Standing 2 BHS
- Jumps to BHS
- RO Tuck
- RO BHS Tuck

- Standing 3 BHS
- 3 Jumps to 2 BHS
- FWO RO BHS Tuck
- Punch Front

- Jump BHS Jump BHS
- Jump BHS Step Out RO BHS Tuck
- FWO RO BHS Step Out RO BHS Tuck
- Punch Front Pause RO BHS Tuck

LEVEL 4

- Standing Tuck
- Standing BHS Tuck
- Jump to BHS Tuck
- RO BHS Layout

- 3 Jumps to BHS Tuck
- 3 Jumps pause Tuck
- FWO RO BHS Layout

- Punch Front RO BHS Layout
- RO Whip BHS Layout
- RO Whip Punch Layout

LEVEL 5

- Jumps to Tuck
- RO BHS Full
- FWO RO BHS Full

- Standing BHS Layout
- RO Whip 2 BHS Full

- Jumps to BHS Layout
- BHS Whip BHS Layout

LEVEL 6-7

- 3 BHS Full
- 2 BHS Full
- Jump 2 BHS Full
- CW Full

- Standing BHS Full
- Standing Full
- Arabian to Full
- RO BHS Double Full

- Jump to Standing Full
- BHS Series to Double Full
- Standing Specialty to Double Full
- Running Specialty to Double Full

*(Staff only below line)*

Coach 1 Comments: \_\_\_\_\_

Coach 2 Comments: \_\_\_\_\_

**Cheer Athlete Evaluation Form**

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Coach 1 \_\_\_\_\_

Coach 2 \_\_\_\_\_



## RULES AND REGULATIONS CONTRACT

I have read the Flip City Rules and Regulations Contract available on the Flip City website in its entirety and understand its contents. I understand the responsibility my child is undertaking by becoming a Flip City member. I agree to fully support my child and will encourage them to fulfill their commitment. I also understand that by signing this contract I am bound to not use my child's participation in this program as a form of punishment as I realize that it also punishes their team and the entire Flip City program. Furthermore, I understand that being a Flip City member is a commitment on the part of the parent as well. I realize that when representing Flip City I must always conduct myself with class and responsibility. I understand that any athlete or parent that does not abide by the rules and regulations contained in this contract, that is consistently negative, or acts in a manner that jeopardizes the name and reputation of the Flip City program, will be subject to removal with no refund. In addition, I agree to give Flip City full permission to seek medical attention and/or take any actions deemed necessary including but not limited to drug testing to ensure the safety and well being of my child and those around them.

\_\_\_\_\_  
Athlete Name (Print)                      Athlete Signature                      Date

\_\_\_\_\_  
Parent Name (Print)                      Parent Signature                      Date

**Witness Signature** \_\_\_\_\_                      **DATE:** \_\_\_\_\_



## CREDIT AUTHORIZATION FORM

I have read and understand the financial policies of Flip City Gym & Cheer. I am authorized to sign on the account listed above and I certify that all the information above is complete and accurate. I hereby authorize Flip City Gym & Cheer to collect payment for fees due by processing a debit to the account listed above on the first of each month. I understand that if the debit should be returned, a \$25.00 returned item fee would be assessed.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

### **Credit Card Information**

Name (as it appears on credit card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CCV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Tryout Fee : \$50 New Athletes**

**\$40 Returning Athletes**