

Check all that apply:

<input type="checkbox"/> All Star Cheer	<input type="checkbox"/> All Star Prep
<input type="checkbox"/> Open Gym	<input type="checkbox"/> Class
<input type="checkbox"/> Private Lesson	<input type="checkbox"/> Gym Rental
<input type="checkbox"/> Misc. _____	



For Office Use Only:

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

REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Gender: M F DOB: ____ / ____ / ____
 Social Security # (if 18 or older): _____
 Cell Phone #: _____
 Email: _____
 Facebook: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____
 Cell Phone #: _____
 Work Phone #: _____
 Email: _____
 Parent/Guardian 2: _____
 Cell Phone #: _____
 Work Phone #: _____
 Email: _____

MEDICAL INFORMATION

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): _____
 Emergency Contact: _____ Relation: _____

Insurance Carrier: _____
 Policy #: _____
 Parent Social Security #: _____
 Emergency Contact #: _____

Top Gun Orlando, LLC

(herein after referred to as "Top Gun")

ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

In consideration for (athlete name) _____'s participation in the activities provided by Top Gun, including but not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release Top Gun, including its officers, shareholders, agents, and employees, from any liability to the above named 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 Top Gun, including any event sponsored or sanctioned by Top Gun, 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 the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Top Gun, 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 Top Gun. This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give Top Gun permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with Top Gun. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any Top Gun activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Top Gun to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): _____

Athlete 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 (on 8/31/19)

Date of Birth

Athlete Phone # Gym/Program in 2018-19 Team & Level in 2018-19 # of Years in All Star

Parent Phone # Parent Name

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

Other roster requests (long distance ride share, etc.) ****

**** These requests will be considered, but no guarantees are made. Specific requests for ride sharing/siblings/practice times etc. that are realistic, significant, and valid are accommodated when it doesn't hinder overall rosters. 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

Please list the most difficult stunt(s) you have competed:

Are you interested in being a cross-teamer? Cross-over fees will apply. 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?

Which is more important to you? Circle one: Position or Level

For example: If you really want to fly but it would mean going down a level you would pick position. If you would prefer to compete higher level stunts and tumbling and you don't mind trying a new position you would pick Level.



Please circle the two evaluation dates you will attend:

Athlete Name _____

Age on 8/31/19 _____

May 13th 14th 15th 16th 18th(new athletes only)

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

Cheer Athlete Evaluation Form

	Beginner	Intermediate	Advanced
LEVEL 1	<input type="checkbox"/> Forward Roll <input type="checkbox"/> Backward Roll <input type="checkbox"/> Cartwheel <input type="checkbox"/> Round Off <input type="checkbox"/> Bridge Kick Over	<input type="checkbox"/> Jumps to Forward Roll <input type="checkbox"/> Jumps to Backward Roll <input type="checkbox"/> Handstand Forward Roll <input type="checkbox"/> Front Limber <input type="checkbox"/> Back Walkover	<input type="checkbox"/> Back Extension Roll <input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Walkover Series <input type="checkbox"/> Back Limber <input type="checkbox"/> Specialty Series
LEVEL 2	<input type="checkbox"/> Standing BHS <input type="checkbox"/> Jumps pause BHS <input type="checkbox"/> BHS pause BHS <input type="checkbox"/> Round Off BHS <input type="checkbox"/> Front Handspring	<input type="checkbox"/> Straight Jump BHS <input type="checkbox"/> BWO BHS <input type="checkbox"/> RO BHS Series	<input type="checkbox"/> FWO RO BHS Series <input type="checkbox"/> Specialty Series
LEVEL 3	<input type="checkbox"/> Standing 3 BHS <input type="checkbox"/> Jumps to Multiple BHS <input type="checkbox"/> RO Tuck <input type="checkbox"/> RO BHS Tuck	<input type="checkbox"/> Aerial <input type="checkbox"/> Aerial pause RO BHS Tuck <input type="checkbox"/> FWO RO BHS Tuck <input type="checkbox"/> RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front	<input type="checkbox"/> Standing BHS Step Out RO BHS Tuck <input type="checkbox"/> Jump BHS Jump BHS <input type="checkbox"/> Jump BHS Step Out RO BHS Tuck <input type="checkbox"/> FWO RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front FR RO BHS Tuck
LEVEL 4	<input type="checkbox"/> Standing Tuck <input type="checkbox"/> Standing BHS Tuck <input type="checkbox"/> Jump to BHS Tuck <input type="checkbox"/> RO BHS Layout	<input type="checkbox"/> 3 Jumps to BHS Tuck <input type="checkbox"/> 3 Jumps pause Tuck <input type="checkbox"/> FWO RO BHS Layout	<input type="checkbox"/> Punch Front RO BHS Layout <input type="checkbox"/> RO Whip BHS Layout <input type="checkbox"/> RO Whip Punch Layout
LEVEL 5/6	<input type="checkbox"/> Jumps to Tuck <input type="checkbox"/> 3 BHS Full <input type="checkbox"/> 2 BHS Full <input type="checkbox"/> RO BHS Full <input type="checkbox"/> FWO RO BHS Full	<input type="checkbox"/> Standing BHS Full <input type="checkbox"/> Jump 2 BHS Full <input type="checkbox"/> Standing Full <input type="checkbox"/> BHS Whip 2 BHS Full <input type="checkbox"/> Specialty to Full <input type="checkbox"/> RO BHS Double Full	<input type="checkbox"/> Jump to Standing Full <input type="checkbox"/> BHS Series to Double Full <input type="checkbox"/> 2 BHS to Whip Punch Double Full <input type="checkbox"/> Standing Specialty to Double Full <input type="checkbox"/> Running Specialty to Double Full

Comments:



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(Staff only below line)

PK _____ FH _____ TT _____ 4 Jumps _____

D1	Comments
Stunt Position:	Team/Level:

D2	Comments
Stunt Position:	Team/Level:

Coach 1 _____

Coach 2 _____