



PRE ELITE

TUMBLING SKILLS BY LEVEL

We will form teams with athletes that have MASTERED ELITE skills. Mastered skills are performance ready and are able to be executed without hesitation repeatedly. Technique will be strongly enforced. Bent legs, legs apart, and flexed feet are not a sign of a technically mastered skill.

Jumps:

Athletes will be asked to show right and left herkie, right and left front hurdler, pike, and toe touch with standard and whipped approaches. Athletes should have correct arm placement, pointed toes, superior height and feet together on landings

Pre Elite Level 1 Skills

Level 1 STANDING Tumbling:

Advanced: Back Walkover; Back Walkover - Backward Roll - Back Walkover

Elite: 3 Back Walkovers; 2 Back Walkover Switch Leg; Valdez

Level 1 RUNNING Tumbling:

Advanced Skills: Front Walkover; Cartwheel Back Walkover

Elite Skills: Front Walkover Cartwheel Back Walkover; Front Walkover Cartwheel/Round Off

Pre Elite Level 2 Skills

Level 2 STANDING Tumbling:

Advanced Skills: Back Walkover-Back Handspring; Back Walkover-Back Handspring Step Out

Elite Skills: Back Walkover-Back Handspring Step Out-Back Walkover; Back Handspring Step Out-Back Walkover-Back Handspring; Valdez Back Handspring; Back Walkover - Switch Leg - Back Handspring

Level 2 RUNNING Tumbling:

Advanced Skills: Round Off Back Handspring Step Out; Front Walkover Front Handspring

Elite Skills: Round Off Back Handspring Series; Front Walkover-Round Off-Back Handspring Series; Bounder through to Round Off-Back Handspring; Cartwheel/Round Off-Back Handspring Step Out-Back Walkover-Back Handspring Series



EVALUATION DETAILS

Parent Information Meeting - Spirit Xtreme

Monday, April 13th 6:00p.m.
Thursday, April 16th 7:30p.m.
Monday, April 20th 6:00p.m.

An opportunity to have your questions answered regarding all Spirit Xtreme team programs. If you are unable to attend just give us a call and we can happily schedule a private meeting or answer any questions you might have. Additional mandatory parent meetings will occur the first week of team practices.

How to register for a PRE ELITE Evaluation

REGISTER under 'class registration' tab at the top right corner of our website and pay the \$100 2025-2026 Evaluation and Registration Fee. New athletes will need to create an account and returning athletes can simply log in to their existing account. Once logged in, simply click "Booking" and then the "Pre Elite" link on the left menu bar.

AFTER you register online, please fill out and return pages 4 through 8 to the main office **PRIOR** to your evaluation date. Form only packets are available in the gym office.

CHECK YOUR EMAIL for a "Action Required - Complete Your PRE ELITE Registration Today" email for additional information. This email will include: **video links to leveled mini routines, dance choreography, as well as a sign up link to schedule your evaluation day and time.**

***ALL PAPERWORK MUST BE RETURNED TO GYM OFFICE PRIOR TO initial evaluation.**

Evaluation Process - Initial Evaluation and Group Practice

Initial Evaluation - Athletes have two options

Early Bird	April 18th-25th	Stop by or contact the office to schedule - 817-251-8984 *An Additional Charge of \$25 will be charged to account once date/time selected.
May Evaluations	May 7th 6:00-9:00p.m. May 8th 5:00-9:00p.m. May 9th 9:00-5:00p.m.	*Athletes will select day/time via Sign Up included in the email confirming registration.

During this initial evaluation session, athletes should be prepared to perform the level of mini routine in which their tumbling skills are technically mastered and performance ready. **These mini routines will be shared in the "Action Required - Complete Your PRE ELITE Registration Today" email once you have registered and on our website the week of evaluations. Athletes should be prepared to perform this routine during their Early Bird or their May Evaluation Session.** This initial evaluation session is a private session with just the athlete and a coach. During this session, athletes will be evaluated on their ability to perform skills to counts as well as their confidence and technique of those skills. Athletes will also be asked to demonstrate jumps and additional tumbling skills at the level(s) they wish to be evaluated on. See list of tumbling skills by level included in this packet.



Evaluation Process - continued

After the initial Evaluation Session, athletes will attend a **LEVELED GROUP PRACTICE** based on their evaluation level. Athletes may be asked to attend multiple levels throughout this portion of the evaluation process. During this portion of the evaluation process athletes will be evaluated based on their execution of tumbling, jumps, and stunts as well as overall performance, confidence and endurance of these skills.

Saturday, May 16th	Level 1.1:	12:30-2:30p.m.
	Level 2.2 / 3.2:	2:30-4:30p.m.

FLYER EVALUATION (By Invitation Only) - Athletes interested in a flying position will be evaluated at their Early Bird or May initial athlete evaluation and be provided feedback on whether or not an official Flyer Evaluation is necessary. Athletes who pass the initial evaluation, will need to **REGISTER for Flyer Evaluations through the 'class registration' tab** for one of the following dates depending on their level assigned. The cost for Flyer Evaluation is \$30.

Level 1	Thursday, May 14th	6:00-7:30p.m.
Level 2	Tuesday, May 12th	5:30-7:30p.m.
Level 3	Wednesday, May 13th	6:00-7:30p.m.

All sessions of evaluations an the team formation process are CLOSED to viewing. We kindly ask that you drop and go during our evaluation process through May.

TEAM PLACEMENT

Decisions are made based on a multitude of criteria including tumbling, jumps, stunt ability, performance, as well as age and maturity.

TEAMS will be **ANNOUNCED by the end of day May 29th**. Team announcement emails will include first team practice time, June stunt camp dates, July choreography dates, uniform fitting dates as well as Initial Parent Meeting details scheduled for Sunday, May 31st.

2026-2027 PRE ELITE Evaluation Form

Please fill out and return the following information PRIOR to your Initial Evaluation

Athlete's Name: _____ Age: _____

Date of Birth: _____ Birth Year: _____

Grade for the 2026-2027 School Year: _____ School: _____

Home Address: _____

City: _____ Zip Code: _____ Contact Phone: _____

Parent Email for Team Results: _____

Parent's Name: _____ Parent's Cell: _____

List any pre-existing injuries or medical problems: _____

Stunt Experience / Strengths: _____

Are you interested in competing on more than one team for the full year? YES NO

Are you trying out for any Spirit Xtreme team regardless of level? YES NO

If NO, please circle the Level/Levels you are only interested in and why? Listing a specific level will not guarantee you making that level.

1.1

2.1

2.2

3.2

*The first number is the stunt level and the second number is the tumbling level.

ACKNOWLEDGEMENT OF SPIRIT XTREME POLICES, EXPECTATIONS, AND FINANCIAL COMMITMENT

Athlete's Name: _____

Please indicate the payment option that you have selected for the 2026-2027 Season:

_____ **Option 1:** Pay in Full by June 1st

_____ **Option 2:** Monthly Installment Payments; Begin June 2nd

I, the parent/guardian of _____ acknowledge I have received a copy of the 2026-2027 Program Information Packet.

Parent Initial: _____

I further acknowledge that I understand and agree to abide by the rules, regulations, and polices set forth in the Information Packet, Parent Expectations, the Athlete Expectations, and the Spirit Xtreme Code of Conduct.

Parent Initial: _____

I acknowledge, understand, and agree with the financial requirements for the 2026-2027 season. I understand that if my athlete is removed or decides to quit there will be no refunds for any amount of paid including tuition, uniform, competition fees, or practice wear. Any athlete withdrawing from team after August 10th will also incur a \$500 fee.

Parent Initial: _____

I understand all accounts with a balance remaining after the 10th of the month will incur a \$10 late fee. Any declined or failed payment methods will result in a \$25 processing fee.

Parent Initial: _____

I have read and understand the program fees for the 2026-207 season.

Parent Initial: _____

I have read and understand the tryout information for the 2026-2027 season.

Parent Initial: _____

I have looked ahead at important events and dates and have included any known conflict on the Known Conflict/ Planned Vacation Form.

Parent Initial: _____

I have read and understand the attendance expectations, travel policy for the 2026-2027 season.

Parent Initial: _____

I acknowledge, understand, and agree that the payment of tuition, expenses, and other fees does not guarantee the right for my child to perform and that my child must meet skill requirements.

Parent Initial: _____

I understand by signing this release form I am financially responsible for the athlete named.

Parent/Guardian Signature: _____

Date: ____/____/____

PRE ELITE

Athlete Name: _____ Age: _____ Birth Year: _____

Parent Name: _____

If you would be interested in serving as a team mom, please circle your area of interest!

Communication

Competition

Team Socials

Team Gifts

Summer Vacation Absence Notification

Dates Absent _____ Reason _____

Dates Absent _____ Reason _____

Dates Absent _____ Reason _____

Known Future Conflicts with Dates Shared In Packet

NOT SUMMER

Dates of Known Conflict _____ Reason _____

Dates of Known Conflict _____ Reason _____

Dates of Known Conflict _____ Reason _____

SCHOOL CHEERLEADERS

I am a SCHOOL CHEERLEADER: YES NO

If Yes, What School: _____ What School District: _____

Cheer Coach Name: _____ Coach Email: _____

Summer Cheer Camp Date: _____

Summer School Practice Dates: _____

When School Starts I will have:

Cheer Practice on: M T W TH F Until: _____ p.m.

Football Games on: M T W TH F *CHEERING ONLY - NOT PLAYING

Vball/Bball Games on: M T W TH F *CHEERING ONLY - NOT PLAYING

School Cheer Competitions Attending w/ dates: _____

Office Use Only:
Absence _____

Contact Information

PRE ELITE

Athlete Name: _____ DOB: _____

Address: _____

City/Zip: _____

Athlete Cell: _____

Mom Name: _____

Mom Cell: _____

Dad Name: _____

Dad Cell: _____

Mom Email: _____

Dad Email: _____

* Please account for growth spurts and how your child likes clothing to fit.

Athlete T-Shirt Size: _____

Athlete Tank Size: _____

Athlete Sweatshirt Size: _____

Medication and Medical Consent Form 2026-2027

Athlete Name: _____

Medication Consent

Spirit Xtreme will not provide Ibuprofen, Tylenol, Benadryl or Aleve to any athlete without written permission and consent from a parent or guardian.

_____ No, I do not want medication provided to my child

_____ Yes, my child may be provided any of the medications listed above.

_____ Yes, my child may be provided and administered medicine only from the following list:

1. _____

2. _____

3. _____

Emergency Medical Treatment

I, the parent/guardian of _____, give permission to Spirit Xtreme staff and any medical team to seek emergency medical attention for my child or to transport my child for emergency medical treatment if my emergency contact or I cannot be reached.

Telephone Numbers:

Day: (____)_____-_____

Evening: (____)_____-_____

Emergency: (____)_____-_____

Parent Guardian Signature: _____

Date: ____/____/____