



**GHEER FORCE ONE
ALL STAR CHEER AND TUMBLE GYM**

**2019/20 ALL STAR REGISTRATION/TRYOUT FORM
& AGREEMENT TO TERMS AND CONDITIONS/MEDICAL RELEASE**

Athlete Name: _____ Date of Birth: _____ Age on 8/31/19: _____

ALL STAR CHEER EXPERIENCE:	STUNT POSITION - Circle all level(s)
Where:	None
How many seasons:	Flyer - 1 2 3 4 5
Team level(s):	Base - 1 2 3 4 5
	Backspot - 1 2 3 4 5

TUMBLING - Check all tumbling skills you throw on the floor WITHOUT a spot.

STANDING	STANDING SERIES	RUNNING
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Back Walkover	<input type="checkbox"/> Cartwheel Back Walkover	<input type="checkbox"/> Round-off
<input type="checkbox"/> Front Walkover	<input type="checkbox"/> Back Walkover Back Handsprings	<input type="checkbox"/> RO Back Handspring(s)
<input type="checkbox"/> Back Handspring	<input type="checkbox"/> Back Handspring series	<input type="checkbox"/> Punch front
<input type="checkbox"/> Standing Tuck	<input type="checkbox"/> Back Handspring(s) to Tuck	<input type="checkbox"/> RO BHS to Tuck
<input type="checkbox"/> Jumps to Back handspring	<input type="checkbox"/> Back Handspring(s) to Layout	<input type="checkbox"/> RO BHS to Layout
<input type="checkbox"/> Jumps to Tuck	<input type="checkbox"/>	<input type="checkbox"/> Punch front step out – series

Are you willing to participate on any team, regardless of level or division (prep, elite)? Yes No: If No, which level(s)/division(s) are you willing to participate on and why: _____

What are your strengths? _____

What would be your best contribution as a team member? _____

What are your goals as an All Star athlete: _____

Would you be interested in participating on more than one team? (As a crossover, you would have your main team, which always comes first, and your secondary team. Yes No (There are additional fees involved)

For ages 5/6 – please check if interested in novice/exhibition only, otherwise they will be considered for an elite tiny competitive team.

I am interested in the Tiny novice/exhibition program only (ages 3-6)

**We do our best to place every athlete on a team. However, there are some instances that we are unable to provide a team due to age/skill level of the athlete. If for some reason we are unable to place your athlete on a team, you will receive full refund for your deposit.*

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ Phone #: _____

Email: _____

Father's Name: _____ Phone #: _____

Email: _____

EMERGENCY CONTACT PERSON(S): (Other than parent or guardian)

Name: _____ Relationship: _____ Phone #: _____

AGREEMENT TO TERMS AND CONDITIONS

I, the undersigned, parent/guardian of _____, understand that participating in any activities at Cheer Force One or any other affiliated events with Cheer Force One, comes with certain degree of risk of injuries to the athlete. I agree to assume all risk and hereby release Cheer Force One and any of its owners, employers, employees, or volunteers from any and all liabilities. I understand that all medical expenses are sole responsibility of the athlete or the athlete's family. Cheer Force One expects all athletes to carry their own medical insurance, which is not provided by Cheer Force One.

I also give permission to Cheer Force One and any other affiliated approved third parties the right to film, photograph, alter photographs or videotape the athlete. I give Cheer Force One all rights to use any videotapes, photographs, and/or publications of the athlete in any promotional usage and/or any other means, without compensation.

MEDICAL RELEASE

I hereby authorize and give consent to any approved staff members of Cheer Force One to take whatever action necessary for any medical treatment when parent/guardian cannot be reached. I understand that by signing this form that Cheer Force One is not liable for any injuries incurred during competitions, practices, classes, events, and/ or anywhere upon the premises of Cheer Force One. I have disclosed all medical or physical information on the athlete mentioned above. I certify that the named individual is physically capable and able to fulfill their requirements needed to be an athlete at Cheer Force One.

Insurance Company _____ Policy Number _____

Medical info/Allergies _____

In the event my child requests over the counter pain medication (acetaminophen, ibuprofen, naproxen), I grant permission for a staff member to administer it to my child without a telephone call to me.

- Agree If yes, which medication is preferred? _____
- Do Not Agree

Doctor's Name _____ Phone #: _____

Dentist's Name _____ Phone #: _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND AGREEMENTS.

Parent /Guardian:

Name: _____ (print) Date: _____

Signature: _____