



Athlete/Skills Evaluation Form 2018-2019

Athlete Tryout Number: _____

Athlete Photo Here

Athlete Full Name: _____ Male/Female _____

Birthdate: _____ Grade: _____ School: _____

Parent Name: _____ Phone Number: _____

Parent Email Address: _____

- *What level team(s) are you interested in? (Please circle) 1 2 3 4 5
- *Will you accept a position on any level/team at California Spirit Elite? YES NO
- *Are you interested in competing as a crossover athlete? (I.e. on multiple CSE Teams) YES NO
- *Are you interested in competing as an alternate athlete? (Travel expenses and other fees may apply for the team you are asked to fill in for) YES NO

AGE PREFERENCE: (Please Circle) TINY: 4-6yrs MINI: 5-8yrs YTH: 6-11yrs JR: 8-14yrs SR: 11-18yrs

*List any activities that could interfere with CSE practice times (include times, dates and organization) _____

*Do you have any specific team placement needs? YES NO
If yes, please explain: _____

Requests for carpools/siblings/practice times, etc. that are realistic and valid will be taken into consideration but will not be the final determination of team placement. If you want to be a flyer to be on an older team rather than your normal age group or be on a team with higher-level skills are not considered valid.

Cheerleading Experience (List with most recent first):

Where:

EX: CSE All Stars

- 1.
- 2.
- 3.

Age/Level:

10 Yr/Junior Level 2

Stunt Position:

Base / Backspot

DO NOT FILL OUT BELOW

COACHES ONLY:

Tumbling on Spring Floor: (MUST be clean and MUST do skill without a spot)

Standing Tumbling:

- None
- Standing Tuck
- Bridge
- Standing Series of Tucks
- Front/Back Walk Over
- Jump to BHS
- Back Handspring (BHS)
- Jump to Tuck
- Series of BHS
- BHS Series to Full

Running Tumbling:

- None
- Cartwheel/ Round Off
- Round Off BHS
- BHS Series
- Front Handspring Round Off BHS
- Round Off Back Tuck
- Round Off BHS Back Tuck
- Round Off BHS Full
- Round Off BHS Layout
- Round Off BHS Double Full

**List any specialty passes attempted: _____

Check advanced STUNTING skills and level (F=flyer, B=base, S=spot)

- [] Level 1 (no experience or Level 1 stunts. Preps): _____ (F, B, S)
- [] Level 2 (Ex. Preps, extensions, straight cradle dismounts and straight ride basket tosses): _____ (F, B, S)
- [] Level 3 (Ex. Extended one legged stunts, full twisting two legged dismounts, single trick basket tosses): _____ (F, B, S)
- [] Level 4 (Ex. Extended one legged stunts, double twisting two legged dismounts, kick full basket tosses): _____ (F, B, S)
- [] Level 5 (Ex. Double twisting one-legged dismounts, double twisting basket tosses, full ups): _____ (F, B, S)

**List any stunt skills attempted: _____

General Comments: _____

Coach Signature _____

Date _____



All Star Evaluation Check List

Athlete Name: _____

Evaluation Number: _____

Please circle one of the following for each:

Shirt Size: YS YM YL AS AM AL AXL

Short Size: YS YM YL AS AM AL AXL

Mandatory to Evaluate

Checked by: _____

Evaluation Fee

\$25.00-Returning Members _____

\$40.00-New Members _____

\$50.00- Private Tryout _____

Please Circle one: CASH CHECK # _____ *(Payable to CSE)*

Mandatory Evaluation Forms

Release Agreement _____

Emergency Medical Information _____

Credit/Debit Card Authorization _____

Media Agreement _____

Article of Understanding _____

Required Participation Forms-*(Due by your teams first practice)*

Checked by: _____

USASF Form **(New Members)**

Copy of Birth Certificate **(New Members)**

All Star Membership Agreement

All forms listed above must be turned in at the time of evaluation or private evaluation. Failure to receive these forms will delay in participation in program.

Thank you for showing interest in our program!



California Spirit Elite
Emergency Medical Information

ATHLETE NAME: _____ BIRTHDATE: _____

ATHLETE ADDRESS: _____ CITY: _____ ZIP: _____

How did you hear about us? _____

EMERGENCY CONTACT

Name: _____ Relationship to Athlete: _____

Phone Number: _____ Alternate Phone Number: _____

I CERTIFY THAT MY SON/DAUGHTER IS MENTALLY AND PHYSICALLY CAPABLE AND ABLE TO FULFILL THE REQUIRMENTS TO PARTICIPATE IN ANY CLASS, PERFORMANCE, TRIP AND/OR EVENT SPONSORED BY CALIFORNIA SPIRIT ELITE. IN THE EVENT OF AN EMERGENCY OCCURING WHILE MY SON/DAUGHTER IS AT CALIFORNIA SPIRIT ELITE SPONSORED CLASS, PERFORMANCE, TRIP AND/OR EVENT, I GRANT PERMISSION TO CALIFORNIA SPIRIT AND IT'S STAFF TO TAKE WHATEVER ACTION IS NECESSARY.

_____ Parent Initial

IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE CALIFORNIA SPIRIT ELITE AND ITS STAFF TO GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT.

_____ Parent Initial

Mother's Name: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Father's Name: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Physician First Name: _____ Physician Last Name: _____

Physician Phone Number: _____

Please circle YES or NO on the following:

Heart Condition YES NO Asthma YES NO Diabetes YES NO Allergies YES NO Convulsions YES NO

Hospital/Clinic Preference: _____

If any, please list allergies: _____

Current Medication: _____

Additional Medical Information: _____

I HAVE READ THE RULES AND POLICIES FOR CALIFORNIA SPIRIT ELITE, INC. AND UNDERSTAND ALL REGISTRATION INFORMATION, PAYMENT TERMS AND THE REQUIRMENTS FOR DROPPING A CLASS

PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY:
RECREATIONAL CLASS _____ FLIGHT SCHOOL _____ ALL STAR TEAM _____ TEAM TRAINING _____ TEAM TUMBLING _____
PRIVATE LESSON _____ FLOOR RENTAL _____ CAMP/CLINIC _____ CHOREOGRAPHY _____ OTHER _____
MEMBERSHIP FEE PAID _____ STAFF INITIAL _____
CREDIT CARD ON FILE _____ STAFF INITIAL _____



THE AGREEMENT BELOW IS MADE EFFECTIVE AS OF ____/____/____ (date) BY AND BETWEEN CALIFORNIA SPIRIT ELITE, INC. AND _____ (parent/legal guardian).

RECITALS

- A. California Spirit Elite, Inc. provides instruction and services relating to cheerleading and tumbling.
B. Customer(s) wish for _____ (athlete) to receive such instruction and services and has agreed to release California Spirit Elite, Inc. as set forth below of the consideration for such instructions and services.

AGREEMENT

- 1. RISK—Customer understands that cheerleading activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Customer expressly and voluntarily assumes all risk that subsequent to executing the Agreement, athlete will incur or suffer personal or bodily discomfort, loss, personal injury, disability, death, damage or property damage, or any of these, which are in some way caused by or related to the instruction, activities or services provided by California Spirit Elite, Inc. Further, there is a risk that such bodily injury, discomfort, loss, bodily damage or disability, or any of these, may be more serious than the undersigned knows, expects or anticipates.
2. RELEASE—In consideration of the covenants and provisions of this Agreement, customer forever releases and discharges and holds California Spirit Elite, Inc. and its affiliates, representatives, employees, attorneys, and agents of and from any and all claims, debts, liabilities, demands, obligations, promises, acts, costs and expenses (including without limitation attorney’s fees and negligence or non-willful acts or omissions, whether known or unknown, suspected or unsuspected, in connection with or relating to the instruction, activities or services provided to the athlete by the releasees’ including travel, lodging or other activities undertaken off-site which are sponsored by the releasees. Customer agrees and acknowledges that this release applies to both known and unknown claims and upon advice of customers independent legal counsel, agrees to waive the benefits of California Civil Code Section 1542, and any similar Federal Statutes, which states the following:
a. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.
3. INDEMNITY—Customer(s) hereby agree, jointly and severally, to indemnify, defend and hold California Spirit Elite, Inc. harmless from and against any claim, cause of action, action, damage, death, liability, obligation, expense, lien, demand, account, and/or costs (including payment of attorney’s fees and legal costs actually incurred whether or not litigation is commenced). Based on, in connection with, or arising out of any bodily discomfort, loss bodily injury, disability, death or damage of any nature whatsoever.
4. EMERGENCY MEDICAL INFORMATION—Customer(s) have provided on exhibit an attached here to all emergency medical information relevant to the athlete.
5. ARBITRATION—Except for matters within the purview of the California small claims court act, any controversy or claim arising out of or relating to this Agreement or the making, performance or interpretation of it, shall be settled by arbitration in Alameda County Pursuant to the California Arbitration Act CCP § 1280, et seq., and judgement on the arbitration award may be entered in any court having jurisdiction over the subject matter of the controversy.
6. INTEGRATION—This Agreement constitutes a single integrated written contract expressing the entire Agreement between the parties hereto relative to the subject matter hereof. This Agreement supersedes all prior or contemporaneous Agreements.
7. LAW—This Agreement shall be governed by and shall be interpreted in accordance with California law.
8. RULES & POLICIES—Customer(s) agree to adhere by all the rules and policies posted in the California Spirit elite, Inc. Facility and listed on the “Rules and Policies” hand out that is located on the back of the monthly schedule, written in the “All Star Parent Guide” or given to the customer(s).

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT AS OF THE DATE FIRST WRITTEN ABOVE.

California Spirit Elite, Inc.

Parent or Legal Guardian Print Name Relationship to Athlete

Parent or Legal Guardian Signature Athlete Name Date



ALL STAR CREDIT CARD AUTHORIZATION

ATHLETE NAME (1ST): _____ TEAM: _____
ATHLETE NAME (2ND): _____ TEAM: _____

Card 1 (PLEASE CIRCLE): MasterCard Visa American Express

CARD HOLDER NAME: _____

CC# _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card 2 (PLEASE CIRCLE): MasterCard Visa American Express

CARD HOLDER NAME: _____

CC# _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD AUTHORIZATION

I AUTHORIZE CALIFORNIA SPIRIT ELITE TO CHARGE THE ABOVE CREDIT CARD(S) FOR MONTHLY TUITION AND ANY ADDITIONAL FEES, SUCH AS, COMPETITION FEES, LATE FEES AND ANY MERCHANDISE PURCHASED. ALL CREDIT CARDS RETURNED FOR NON-PAYMENT FOR ANY REASON WILL RESULT IN A \$45.00 SERVICE CHARGE APPLIED TO THE ACCOUNT.

I UNDERSTAND IF I CHOOSE TO LEAVE THE PROGRAM OR AM REMOVED FROM THE PROGRAM, MY ACCOUNT WILL AUTOMATICALLY BE CHARGED THE TERMINATION FEE OF \$500.00. IN ADDITION, I UNDERSTAND THAT IF I CHOOSE TO LEAVE THE PROGRAM OR AM REMOVED FROM THE PROGRAM FOR ANY REASON OR AT ANYTIME, I WILL BE RESPONSIBLE FOR THE BALANCE OF THE PAYMENTS REQUIRED FOR THE REMAINDER OF THE SEASON, AS WELL AS, ANY FEES THAT HAVE ALREADY BEEN APPLIED TO MY ACCOUNT.

Authorized Signature (Card 1): _____ Date: _____

Authorized Signature (Card 2): _____ Date: _____



California Spirit Elite

MEDIA RELEASE AGREEMENT

Throughout the upcoming season, the media may visit events that we sponsor or perform in and request information about an event that we may sponsor, as well as any footage at our events. California Spirit Elite may release your child’s image, along with their name, for many reasons including (but not limited to) team rosters, promotional materials, competition footage, team pictures, and information for college recruiters if appropriate. This information may be used or shown on Websites, Radio Stations, Television Stations, School Events, Posters, Brochures, Postcards, and/or Newsletters.

Due to state laws, we must obtain your permission before your child’s photograph, voice or information can be used by the media. Please sign and return this document which gives permission to allow California Spirit Elite to use your child’s athletic interest for promotional, informational, as well as educational purposes.

Thank you for your cooperation.

I give full permission for _____
Student Name (Please Print)

to be filmed/photographed/interviewed/listed by the media during events and for California Spirit Elite to use the film/photographs/interviews/lists for promotional, informational and educational purposes.

Parent/Legal Guardian Signature

Date