2024-2025 SEASON CLINIC FORM

May 14, 15 & 16, 2024
Tryout 5/17/2024 or 5/18/2024

Athlete's Name: _____Home Phone: (_____) _____-_____

Cell Phone: (_____) _____-_____School: _____

D.O.B.: _____/_____/_____ M/F: _____ Age: _____ Grade: _____

Street Address: _____City: _____Zip Code: _____

Parent/Guardian: _____Cell #: (_____) _____- _____

Parent(s) E-mail: _____

In case of an emergency and neither parent can be reached, call:

Name(s): _____Phone: (_____) _____-_____

Tumbling Skills Level:

_____

PAYMENTS VIA: ZELLE: EVOLUTION.ALLSTARS@YAHOO.COM
VENMO: @BEVERLY-HOOVER

**********OFICIAL USE ONLY**********

For Official Use Only
Tumbling Level: _____
Position: _____
Team(s): _____

CLINIC FEE: $45 (Tryout is Free of Charge)

Tryout Fee: $25 Per Athlete

Reserved Date: _____ **PAID:** _____ **RCVD/BY** _____

For office use only

RELEASE FORM MUST BE SINGED

2024-2025 EVOLUTION ALL-STARS RELEASE FORM

Athlete's Name: _____ Today's Date: _____

Address: _____City: _____ State: ____ Zip: _____

Home Phone#: _____ Birthdate: ____/_____/_____ Age: _____

Mother's Name: _____ Work: _____ Cell: _____

Father's Name: _____ Work: _____ Cell: _____

In case of an emergency, contact (other than parent or guardian): _____

Relationship: _____ Phone: _____

I, the parent, or legal guardian of the child named above, do hereby grant permission for my son/daughter _____ to participate in classes and activities conducted by Evolution All Stars. I hereby authorize Evolution All Stars, its directors, coaches, or other representatives, to obtain medical treatment for the above name's child in the event of a medical emergency. I hereby hold harmless Evolution All Stars, LLC as well as the authority, and agree to indemnity Evolution All Stars and all persons for any liability, expense, and cost incurred by them in the exercise of such authority.

I understand that participation in dance and cheerleading classes, sessions, or other activities involves a possibility of physical injury. (Minimal, serious, or catastrophic). Knowing the risks of such participation, I acknowledge and agree that my son/daughter is assuming the risk of such physical injury by his/her participation and, on behalf of him/her, I hereby release, discharge, and hold blameless Evolution All Stars, as well as all employees, from any and all claims for personal injury that may arise from or relate to my son/daughter's participation in Evolution All Stars classes, sessions, or activities.

In addition to the above authorizations, I hereby grant my permission to qualified physicians and medical personnel to administer immediate treatment to my son/daughter should he/she become ill or injured.

Parent's Signature: _____ Date: _____

Parent's Name: _____ (Please Print)

Insurance Carrier Co: _____ Policy #: _____

Physician: _____ Phone #: _____

Allergies: _____

Current Medications: _____ Other Pertinent Medical Issues: _____

Notary's Signature: _____ Notary's Seal:

Evolution
ALL STARS