



## 2025-2026 SEASON CLINIC FORM

**Clinic May 12, 13 & 14, 2025**  
**Evaluations 5/15/2025 or 5/16/2025**

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: \_\_\_\_\_

2<sup>nd</sup> 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](mailto:EVOLUTION.ALLSTARS@YAHOO.COM)**

**VENMO: @BEVERLY-HOOVER**

**Credit Card on site: 5% transaction fee will be applied**

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

**For Official Use Only**

Tumbling Level: \_\_\_\_\_

Position: \_\_\_\_\_

Team(s): \_\_\_\_\_

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

**Tryout Fee: \$30 Per Athlete**

Reserved Date: \_\_\_\_\_ PAID: \_\_\_\_\_ RCVD/BY \_\_\_\_\_

*For office use only*

**RELEASE FORM MUST BE SIGNED**

## 2025-2026 EVOLUTION ALL STARS RELEASE FORM

Athlete's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

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 indemnify 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: \_\_\_\_\_

