

Crowned Elite Athletics
2018-19 All Star Athlete Registration Form



Athlete

First Name Middle Name Last Name Nickname

Guardians

First Name Last Name Relationship Phone

Email

is this the preferred email? Y / N

First Name Last Name Relationship Phone

Email

is this the preferred email? Y / N

Address

Street City Zip

Athlete Info

Date of Birth M / F Sex School Grade

Athlete Phone Number Athlete Email

Previous Gym Affiliation USASF Member? YES/NO

If previously a USASF member, do you know you/your athletes log in information? YES / NO

Insurance Info

Company Policy Number Primary Dr Name Phone Number

Emergency Contacts

First Name Last Name Relationship Phone

First Name Last Name Relationship Phone

***Please note – only registered parents/guardians will be included on Crowned Elite emails and notifications.**

Athlete Name _____

Age on 8/31/18 _____

Date of Birth _____



Interested in: (circle one) **National Teams / Full Year Prep Teams**

If you have been on a competitive cheer team before:

- what role(s) did you play in stunting? (circle all that apply) Main / Side / Back / Flyer / Front
- what is the highest level competed? (circle all that apply) middle school / jv / varsity / 1 / 2 / 3 / 4 / 5

What extra-curricular activities will be a higher priority for you than your all-star team? (For what you would potentially request an excused absence?)

Please put a check mark in the circles only for skills you can currently complete safely, consistently, good technique, and WITHOUT A SPOTTER.

	Beginner	Intermediate	Advanced
LEVEL 1	<input type="checkbox"/> Forward Roll <input type="checkbox"/> Backward Roll <input type="checkbox"/> Cartwheel <input type="checkbox"/> Round Off	<input type="checkbox"/> Jumps to Forward Roll <input type="checkbox"/> Jumps to Backward Roll <input type="checkbox"/> Bridge Kick Over <input type="checkbox"/> Back Walkover	<input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Walkover Series <input type="checkbox"/> Specialty Series
LEVEL 2	<input type="checkbox"/> Standing BHS <input type="checkbox"/> Jumps pause BHS <input type="checkbox"/> Round Off BHS <input type="checkbox"/> Front Handspring	<input type="checkbox"/> BHS pause BHS <input type="checkbox"/> BWO BHS <input type="checkbox"/> RO BHS Series <input type="checkbox"/> Front Bounder	<input type="checkbox"/> FWO RO BHS Series <input type="checkbox"/> Specialty Series <input type="checkbox"/> Front Bounder Step Out <input type="checkbox"/> FHS Front Bounder
LEVEL 3	<input type="checkbox"/> Standing 2 BHS <input type="checkbox"/> Jumps to BHS <input type="checkbox"/> RO Tuck <input type="checkbox"/> RO BHS Tuck	<input type="checkbox"/> Standing 3 BHS <input type="checkbox"/> 3 Jumps to 2 BHS <input type="checkbox"/> FWO RO BHS Tuck <input type="checkbox"/> Punch Front	<input type="checkbox"/> Jump BHS Jump BHS <input type="checkbox"/> Jump BHS Step Out RO BHS Tuck <input type="checkbox"/> FWO RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front Pause RO BHS Tuck
LEVEL 4	<input type="checkbox"/> Standing Tuck <input type="checkbox"/> Standing BHS Tuck <input type="checkbox"/> Jump to BHS Tuck <input type="checkbox"/> RO BHS Layout	<input type="checkbox"/> 3 Jumps to BHS Tuck <input type="checkbox"/> 3 Jumps pause Tuck <input type="checkbox"/> FWO RO BHS Layout	<input type="checkbox"/> Punch Front RO BHS Layout <input type="checkbox"/> RO Whip BHS Layout <input type="checkbox"/> RO Whip Punch Layout
LEVEL 5R	<input type="checkbox"/> Jumps to Tuck <input type="checkbox"/> RO BHS Full <input type="checkbox"/> FWO RO BHS Full	<input type="checkbox"/> Standing BHS Layout <input type="checkbox"/> RO Whip 2 BHS Full	<input type="checkbox"/> Jumps to BHS Layout <input type="checkbox"/> BHS Whip BHS Layout
LEVEL 5	<input type="checkbox"/> 3 BHS Full <input type="checkbox"/> 2 BHS Full <input type="checkbox"/> Jump 2 BHS Full <input type="checkbox"/> CW Full	<input type="checkbox"/> Standing BHS Full <input type="checkbox"/> Standing Full <input type="checkbox"/> Arabian to Full <input type="checkbox"/> RO BHS Double Full	<input type="checkbox"/> Jump to Standing Full <input type="checkbox"/> BHS Series to Double Full <input type="checkbox"/> Standing Specialty to Double Full <input type="checkbox"/> Running Specialty to Double Full

Coaches Use Only:



ATHLETICS

202 Bourne Blvd, Ste 160
Savannah, GA 31408
www.crownedeliteathletics.com

Electronic Funds Transfer Enrollment and Authorization Form

Sign and complete this form to authorize **Crowned Elite Athletics** to make re-occurring charges to your banking account as listed below.

I hereby authorize Crowned Elite Athletics to make a monthly transfer from my bank account to cover my athlete(s) tuition/booster expenses. This authority will remain in effect until I provide a 30-day notice in writing to cancel this agreement.

Please complete the information below:

I _____ authorize **Crowned Elite Athletics** to make an electronic transfer from my banking account indicated below on the first of each month.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Bank Information

Bank Name _____

Address _____

Routing Number _____

Checking Account Number _____



SIGNATURE _____

DATE _____

I authorize the Electronic Funds Transfer as indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an owner of this account and that I will not dispute the payment with my bank; so long as the transaction corresponds to the terms indicated in this form.

*****Please attach a voided check to this form*****



ATHLETICS

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Credit Card Payment Authorization Form

Sign and complete this form to authorize **Crowned Elite Athletics** to make re-occurring charges to your credit card listed below.

By signing this form, you give us permission to charge your credit card account **in the event that your monthly electronic checking account draft is declined**. This is permission for re-occurring transactions, until notified in writing 30 days prior to stopping debit charges. This does not provide authorization for any additional unrelated debits or credits to your account.

It is understood that any payments charged to a credit/debit card will incur a 2.9% finance charge that will be added to the amount due.

Please complete the information below:

I _____ authorize **Crowned Elite Athletics** to charge my credit card account indicated below on the first of each month.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

CVV2 (3-digit number on back of Visa/MC) _____



SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



ATHLETE NAME: _____ AGE: _____

ADDRESS: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in All Star Cheerleading programming at Crowned Elite Athletics (Crowned Elite, LLC), I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this *Activity involves risks of serious bodily injury*, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “**releases**” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby *release, discharge, and covenant* not to sue Crowned Elite Athletics (Crowned Elite, LLC), its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “**RELEASEES**” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “**releasees**” or otherwise, including negligent rescue operations and future agree that if, despite this release, liability of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I *will indemnify, save, and hold harmless* each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ **Date:** _____

Printed name of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each** of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Crowned Elite Athletics (Crowned Elite, LLC) uses photographs and video for projects that are promotional, advertising, commercial, educational, research and/or archival in nature. As such, Crowned Elite Athletics (Crowned Elite, LLC) collects on an ongoing basis individual and group photos and videos during camps and clinics. We ask for permission to use your photo/video, or your child’s photo/video, in promotional material to promote the benefits of cheerleading, cheerleading instruction, and Crowned Elite Athletics (Crowned Elite, LLC).

_____ **Date:** _____

Printed name of Parent/or Legal Guardian

_____ **Date:** _____

Signature of Parent/or Legal Guardian

Crowned Elite Athletics
2018-19 Athlete Sizing Info



Custom Sizing will be done for uniforms and warm up items. This chart will be used for ordering shoes, t-shirts, sports bras and other items throughout the year.

Athlete Name: _____

Short Sleeve T-Shirt: YXS YS YM YL YXL AXS AS AM AL AXL

Long Sleeve T-Shirt: YXS YS YM YL YXL AXS AS AM AL AXL

Sports Bra: YXS YS YM YL YXL AXS AS AM AL AXL

Pro Short: YXS YS YM YL YXL AXS AS AM AL AXL

Running Short: YXS YS YM YL YXL AXS AS AM AL AXL

Pant: YXS YS YM YL YXL AXS AS AM AL AXL

Shoe Size: _____

Any other info we should know:

Crowned Elite Athletics
2018-19 MEDICAL / INJURY INFO



Athlete Name: _____

Team: _____

Please list anything that we as coaches need to know about your athlete.

Current Medications:

Allergies:

Current Injuries:

Previous Injuries (please list date and details of any injuries that affect cheer abilities):

Additional Information we need to know:

