



EVALUATION PACKET

Athlete Name: _____

1. Registered:

☐ Walk In

☐ Registered

2. Signed Waiver

☐ Yes

☐ No

3. Completed Paperwork

☐ Yes

☐ No



Athlete Evaluation Number
(Office Use Only)

REGISTRATION FORM

Athlete Name: _____

Date of Birth: _____

Age: _____

Birth YEAR: _____

Current School and Grade: _____

Number of Years In All-Star/School Cheer: _____

Athlete Skills - Please List Most Advance Skills

Tumbling Skills (Standing & Running) _____

Would you be interested in representing more than one team? ☐ Yes ☐ No

What is your PREFERRED LEVEL to be on? (Circle)

Elite Level One

Elite Level Two

Elite Level Three

What is your PREFERRED position? (Circle)

Flyer

Base

Backspot

Parent/Guardian Name: _____

Primary Email For Communication: _____

Parent/Guardian Phone: _____



Athlete Evaluation Number
(Office Use Only)

FAMILY CONTACT FORM

Athlete Name: _____ Date of Birth: _____

Address: _____

City & Zip Code: _____

Name of Parent OR Legal guardian: _____

Relationship to Athlete: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Name of Parent OR Legal guardian: _____

Relationship to Athlete: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Athlete's Cell Phone: _____

Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PAIN RELIEVER/MEDICAL CONSENT

BlackWatch All-Stars will not provide Tylenol, Ibuprofen or Aleve to any athlete without written permission and consent from a parent or guardian.

Please indicate your preference by checking the appropriate option along with your signature.

____ NO, I do not want medication provided to my child.

____ YES, my child may be provided any of the medication listed above.

____ YES, my child may be provided and administered medicine only from the following list:

1. _____

2. _____

3. _____

EMERGENCY MEDICAL TREATMENT STATEMENT

I, the parent/guardian of _____, give permission to BlackWatch All-Stars staff and any medical team to seek emergency medical attention for my child or to transport my child for emergency medical treatment if my emergency contact or I cannot be reached.

Telephone Numbers:

Day: (____) ____-____ Evening: (____) ____-____

Emergency: (____) ____-____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Athletes Name: _____

Athletes Signature: _____

Date: ____/____/____



BLACKWATCH ALL-STARS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the BlackWatch All-Star program, I represent that I (we) Understand that injury can occur in the sport of cheer and by participating in this sport I (we) Accept responsibility for this and hereby release and discharge any and all possible claims and causes of action for the personal injuries and/or medical expenses, pain and suffering, and all other claims against BlackWatch, its instructors, employees, officers, directors and any other individuals employed by or acting on behalf of BlackWatch. I fully accept and assume all such risks and all responsibility for the losses, cost, and damages I incur because of my participation in the BlackWatch Allstar Program.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and 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 that balance, notwithstanding, shall continue in full force and effect.

Name of Athlete: _____

Athlete Signature: _____

Date: ____/____/____

Parent/Guardian: _____

Date: ____/____/____



TEAM PLACEMENT POLICY

By signing below, I acknowledge and agree to the following regarding team placements for the upcoming season:

- Team placements will be sent via email on **Wednesday, May 14th at 7:00 PM.**
- I understand that **any text messages or direct messages regarding team placements will not be answered.**
- If I have concerns about my child's placement, I agree to **email those concerns** directly to the **Allstar Director and/or Assistant Allstar Director.**
- I understand that **emails regarding placements will be addressed starting Thursday morning, May 15th. I agree to wait for a response from staff before sending any follow-up emails.**
- If I prefer to discuss my concerns in a phone meeting, I understand that I must first **email the Allstar Director and/or Assistant Allstar Director** to request and schedule a phone meeting.
- I understand and agree that **text messages regarding placements, placement concerns, or meeting requests will not be responded to** under any circumstances.
- I acknowledge that **staff will not engage in, respond to, or entertain any questions, comments, or concerns regarding the placement of any athlete other than my own child.**

Parent/Guardian: _____

Date: ____/____/____



Athlete Name: _____

Athlete Evaluation Number
(Office Use Only)



ATHLETE: DO NOT FILL THIS OUT! THIS IS TO BE COMPLETED BY STAFF ON TRYOUT DAY!

Tumbling Evaluation Checklist: (Evaluators, please **HIGHLIGHT** skills that athlete performs **PROFICIENTLY**)

Level One Beginner:

STANDING	RUNNING	SPECIALITY
Push Up To Backbend Cartwheel Lunge Bridge Kickover Fall to Bridge	Power Hurdle Cartwheel Cartwheel Series Forward Roll Cartwheel	---

Level One Elite:

STANDING	RUNNING	SPECIALITY
Front Walkover Back Walkover Back Walkover Series Back walkover Switch Leg	Round Off Cartwheel Back Walkover Front Walkover - CW - BWO	Back Extension Roll Handstand Forward Roll Valdez

Level Two Elite:

STANDING	RUNNING	SPECIALITY
BWO - BHS BHS Step Out BWO Switch Leg - BHS BHS Step Out - BWO - BHS	RO - BHS Series RO - BHS Step Out FWO - RO - BHS/Serieies	Valdez - BHS Front Handspring CW - BHS Step Out- BWO - BHS

Level Three Elite:

STANDING	RUNNING	SPECIALITY
BWO - BHS Series BHS - BHS - BHS BHS Step Out - BWO- BHS-BHS JUMP - BHS - JUMP - BHS	RO - Tuck FWO - RO - Tuck RO - BHS - BHS - Tuck	Punch Front Ariel Jump - BHS - BHS FWO - RO - BHS - Tuck RO - BHS Step out - ½ Turn - RO - Tuck

Comments:

