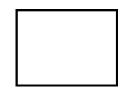


Athlete Name:	
1. Registered:	
🗌 Walk In	Registered
2. Signed Waiver	
Yes	□ No
3. Completed Paperwo	ork
Yes	No No





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 <u>:</u>		
Athlete Skills - Please List Most Adva	nce Skills		
Tumbling Skills (Standing & Runn	ing)		
Would you be interested in represen	ting more than one tear	m? 🗌 Yes	No No
What is your PREFERRED LEVEL to b	e on? (Circle)		
Elite Level One Elite	e Level Two Elite L	evel Three	
What is your PREFERRED position? (	Circle)		
Flyer	Base Ba	ackspot	
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 <u>:</u>
Email:	
Name of Parent OR Legal guardian:	
Relationship to Athlete:	
Cell Phone:	Work Phone:
Email:	
Athlete's Cell Phone:	
E	mergency 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 IMDEMNITY 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 LIABITLIY, 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: 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/Sereies	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:

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