SHINING STARS

ALLSTAR CHEER

Evaluation APPLICATION

Name of Athlete: _____

Date of Birth: _____ Age: _____ Birth YEAR: _____

Current grade: _____

Number of Years in All Star/Cheer: _____

Athlete Skills- Please list MOST ADVANCED skills:

Tumbling (Standing and Running)

_____
_____
_____
_____

What was your part in a stunt: (Base, Back spot or Flyer)

_____

Flyer Positions:

Arabesque	Bow and Arrow	Heel Stretch
Liberty	Scorpion	Scale

Would you be interested in representing more than one team? YES/NO

Would you be interested in representing SSC at NCA? YES/NO

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

See the SKILLS requirements PER LEVEL

Novice Prep Level 1 Level 2

Non-Travel or Travel

Code of Conduct

An athlete/member must always be a strong representative of SSC and a positive reflection of his/her teammates. For athlete/parents' abusive behavior, lying, or any other form of negative behavior are grounds for removal. This includes disrespect to parents, grandparents, and guardians. We will not tolerate negative comments about our staff, teams, and other programs. Many of you communicate via e-mail, Facebook, GroupME, Twitter and Band. Please remember that anything you say is a direct reflection of this organization. NOTE: If you are caught sending rude or inappropriate messages on SOCIAL MEDIA, you will be subject to immediate removal. Teammates are expected to treat one another with mutual respect. We do not tolerate pettiness, gossiping or cliques, which attempt to exclude or alienate certain members. Back talk, rolling of eyes and any other disrespect for instructors or teammates is unacceptable. A problem between a student and staff member will first be addressed between student and coach/director. If not solved, a parent will be notified of the problem or infraction of the rules and will be expected to assist the instructor in solving the problem. We will handle any disciplinary problems privately and professionally

Parent/Guardian Name: _____
Parent/Guardian Signature: _____

Date: _____/_____/_____

Athletes Name: _____
Athletes Signature: _____

Date: _____/_____/_____

Athlete Name: _____

ATHLETE: DO NOT FILL THIS OUT! THIS IS TO BE PRINTED and COMPLETED BY SSC STAFF ON EVALUATION DAY!

Tumbling Evaluation Checklist
(Evaluators, please HIGHLIGHT skills that athlete performs PROFICIENLTY)

Novice Team

STANDING	RUNNING	ADVANCED SKILLS
Cartwheels	Cartwheel (power hurdle)	BRIDGE KICKOVER
Forward Rolls	Cartwheel series	BACK WALKOVER
Backward Rolls	Forward Roll Cartwheel	FRONT WALKOVER
Round offs		
Back Bend		

Level 1

STANDING	RUNNING	ADVANCED SKILLS
Front Walkover	Cartwheel BWO	Valdez
Back Walkover	FWO CW BWO	Valdez-BWO
Back Walkover Series	FWO CW/RO	Handstand Forward Roll
BWO Switch leg		Back Extension Roll

Level 2

STANDING	RUNNING	ADVANCED SKILLS
BWO BHS	Round Off BHS Series	Valdez BHS
BHS Step Out	Round Off BHS Step-Out	RO BHS Step out BWO-BHS
BWO Switch leg BHS	Fly Spring	
BHS Step out BWO BHS	FWO RO BHS/Series	