

Team Illinois Cheerleading, Inc. Tryout Information Packet

TRYOUT DATES AND TIMES

Tryouts for the 2010-2011 season will be done differently than in years past. Tryouts will take place the first three weeks of May. The first two weeks will be level practices. During this time we will be evaluating each athlete's specific skills in a practice setting. We feel strongly that this will give the staff the opportunity to determine where each athlete fits best in our program. After this process, preliminary teams will be formed. We will then hold one week of practice with these teams. This will allow the athletes to work together and give the staff the chance to determine the best placement for each athlete. At the end of the three weeks final teams will be announced. Athletes 5 years old and younger require no tryout and can register for the 2010-2011 season on Monday, May 24th!

The days and times for each skill level are listed below. An informational meeting will occur at the beginning of each level practice for the first two weeks. Each parent must attend one meeting during the first two weeks. Preliminary team practice days & times will be announced when the preliminary teams are announced.

Level Practices: Monday, May 3rd - Thursday, May 13th (ages 6 – 18)

Level 1 (11 & under) – Mondays & Wednesdays 5:00-6:30

Level 1 (12-18) – Tuesdays & Thursdays 5:00-6:30

Level 2 – Mondays & Wednesdays 6:30-8:00

Level 3 – Tuesdays & Thursdays 6:30-8:00

Level 4 – Tuesdays & Thursdays 8:00-9:30

Level 5 – Mondays & Wednesdays 8:00-9:30

Preliminary Team Practices: May 17th – May 21st (ages 6 – 18)

Times and Days TBA

SKILL LEVEL REQUIREMENTS

Below are the minimum tumbling requirements for each level. Athletes must meet **one standing tumbling AND one running tumbling** requirement at that specific level in order to attend that day/time. If you are unsure of what level to bring your athlete to please contact the gym for assistance.

Important: The Team Illinois staff has the right to move an athlete to a different level practice at any time during tryouts. Your athlete may or may not be placed on a team that is the same level that they tryout at.

Level 1

Standing: forward roll, backbend, backwalkover, backhandspring with a spot

Running: cartwheel, round off

Level 2

Standing: backhandspring, 2 backhandsprings

Running: round off backhandspring(s)

Level 3

Standing: toe touch 2 backhandsprings, 2 backhandsprings to tuck

Running: round off backhandspring tuck, round off tuck

Level 4

Standing: toe touch backhandspring tuck, 2 backhandsprings to layout, standing tuck

Running: round off backhandspring layout, round off layout

Level 5

Standing: triple toe touch back tuck

Running: alternate pass thru to layout, round off backhandspring full

Exceptions in tumbling requirements can be made by the Team Illinois staff if the athlete possesses other skills that will benefit a team. Some of the other skills that will be taken into consideration are jump technique, dance/motion technique and leadership abilities. The team selection will not be solely based on tumbling skills. The coaches will be looking at the "total package" and what attributes each athlete can bring to the team. Past attendance, attitude and work ethic will also be factors considered for returning athletes. The teams will be formed depending on the number of athletes, ages and abilities/projected abilities.

TRYOUT FEE AND FORMS

The tryout fee for Team Illinois is \$65.00 (\$60.00 if you register by April 30th). This is non-refundable. If you choose to be part of the Team Illinois family, \$25.00 of this fee will be applied to your gym registration fee for the 2010-2011 season.

Upon arrival at day one of tryouts, the following forms must be completed:

- Medical Form and Liability Form
- Tryout Registration Form
- Athlete Information Form
- Copy of your athlete's Birth Certificate
- Tryout Fee

TRYOUT ATTIRE

The athletes' personal presentation will also be taken into consideration during evaluations. ALL athletes who wish to tryout for the Team Illinois program must be dressed in the following attire throughout the tryout process:

- Black Cheer Shorts
- Black Sports Bra or Fitted Tank Top
- Hair in HIGH Ponytail with WHITE BOW
- Age Appropriate make-up

*Please DO NOT wear any clothing that may associate you with any team or gym (this includes Team Illinois apparel from previous years).

RESULTS

Preliminary team results will be posted on the website by Friday, May 14th. No questions will be answered regarding the preliminary teams because age groups/levels are not yet determined. Final team results will be posted on the website by Friday, May 21, 2010 after 5:00 pm. Check www.ticheer.com under the News Section for results.

TEAM REGISTRATION

If you choose to accept your position in the Team Illinois program, registration for the 2010-2011 season will be held on Monday, May 24th and Wednesday, May 26th from 6:00 pm – 9:00 pm. If you do not register your athlete at this time then their position will be given to the next eligible candidate. Along with the signed Handbook Commitment Form, Credit Card Information Form, and Vacation/Religious Education Form, the following fees will be due at team registration:

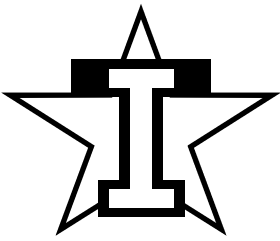
Items	Tiny	Mini	Youth	Junior	Senior
Gym Registration	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Camp Deposit	\$55.00	\$115.00	\$215.00	\$215.00	\$215.00
Practice Wear	\$45.00	\$85.00	\$85.00	\$85.00	\$85.00
Total Due	\$200.00	\$300.00	\$400.00	\$400.00	\$400.00

*Please note if you have more than one athlete in the program you only pay the \$100.00 registration fee for one athlete.

*\$25.00 will only be deducted once from the registration fee.

REMINDERS OF IMPORTANT INFORMATION

- A parent must attend ONE mandatory informational meeting during the first 2 weeks of tryouts.
- Cost is \$65.00 (\$60.00 if you register by April 30th) - This will NOT be waived for any reason.
- If there is **ANY BALANCE** on your account from last season, your athlete will not be allowed to tryout.
- If you are unsure of what level to bring your athlete to please contact the gym for assistance.
- If your athlete cannot attend tryouts, please set up a private evaluation with Linda.



Team Illinois Tryout Registration Form

Please complete and turn into Team Illinois on the first day of your tryout. Please attach a small photo to the bottom of the form.

ATHLETE INFORMATION:

First Name: _____ Last Name: _____

Birthdate: _____ Age as of August 31, 2010: _____

School: _____ Grade in Fall '10: _____

Athlete Cell: _____ Athlete Email: _____

PARENT INFORMATION:

Mother's Name: _____ Mother's Email: _____

Father's Name: _____ Father's Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Mother's Cell: _____ Father's Cell: _____

INSURANCE INFORMATION:

Insurance Carrier: _____ Policy #: _____

Carrier's Phone: _____ Group #: _____

I have read the tryout information and understand the evaluation process for Team Illinois Cheerleading, Inc.

Athlete's Signature

Parent Signature

Date

Please Attach Photo Here

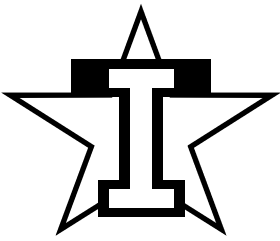
Practice Wear Sizes (Circle Athlete's Sizes):

Shirt	YS	YM	YL	AS	AM	AL	AXL	
Shorts	YXS	YS	YM	YL	AXS	AS	AM	AL
Sports Bra	YS	YM	YL	AS	AM	AL	AXL	
Tank Top	YS	YM	YL	AS	AM	AL	AXL	

For Office Use Only

Date Received: _____

Paid: _____



Team Illinois Athlete Information Form

First Name: _____ Last Name: _____

Birthdate: _____ Age as of August 31, 2010: _____

If given the opportunity I will allow my athlete to crossover (participate on two teams): YES NO

STANDING TUMBLING - Please mark all of the skills that you can execute on a spring floor without a spot.

_____ Back walk over _____ Backhandspring _____ Toe Touch Backhandspring

_____ Multiple Backhandsprings _____ Back Tuck _____ Toe Touch Back Tuck

_____ Backhandspring Back Tuck _____ 2 Backhandsprings Layout _____ 2 Backhandsprings Full

Other: _____

RUNNING TUMBLING - Please mark all of the skills that you can execute on a spring floor without a spot.

_____ Round Off _____ Round Off Back walk over

_____ Round Off Backhandspring _____ Round Off Multiple Backhandsprings

_____ Round Off Back Tuck _____ Round Off Backhandspring Tuck

_____ Round Off Backhandspring Layout _____ Round Off Backhandspring Full

_____ Round Off Backhandspring Double Full Other: _____

STUNTING - Please mark your experience in stunting.

I have the most experience at:

_____ Flying _____ Basing _____ Back Spotting _____ No Experience

I also have experience at:

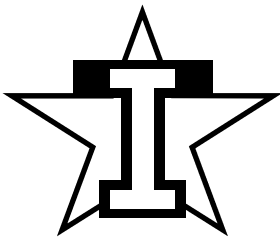
_____ Flying _____ Basing _____ Back Spotting

PREVIOUS EXPERIENCE - Please list your previous cheerleading experience.

Number of years involved in cheerleading: _____

09-10 Team: _____

Number of years involved in gymnastics: _____



**Team Illinois Cheerleading, Inc.
Liability Release and Waiver Form**

Participant's Last Name: _____ First Name: _____

Parent/Legal Guardian Last Name: _____ First Name: _____

Home Phone #: _____ Cell Phone #: _____ Fax: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

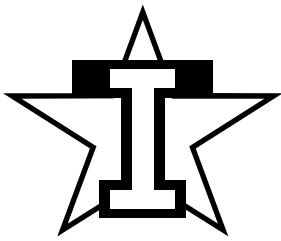
Age: _____ Grade in School: _____ Male _____ Female _____ Date of Birth ____/____/____

Emergency Contact: _____ Emergency Phone #: _____

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, I _____, as parent or legal guardian of _____, A minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above team to be conducted by Team Illinois Cheerleading, Inc. I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Team Illinois Cheerleading, Inc., the Hosting site, on whose premises the practice will occur, the affiliates of Team Illinois Cheerleading, Inc. And the Location and respective directors, officers, representatives, members agents and employees of Team Illinois Cheerleading, Inc. From any and all liability for negligence or any other claim judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the practice/competition, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the clinic/practice/competition, all activities associated with Team Illinois Cheerleading, Inc. While traveling to and from the site for clinic/practice/competition. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heir, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Team Illinois Cheerleading, Inc. From liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the clinic/practice/competition will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____



**Team Illinois Cheerleading, Inc.
Medical Release**

Medical Release: I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the clinic/practice/competition. In the event of such illness or injury, I authorize Team Illinois Cheerleading, Inc., to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the clinic/practice/competition and while traveling to and from the site for the clinic/practice/competition whether or not the event actually occurs.

Insurance Information: The following information is **REQUIRED** for participation.

Athlete's Name: _____ Parent's Name: _____

Parent's Social Security Number (not required but helpful for quick verification of insurance policy) _____ / _____ / _____

Insurance Company: _____ Insurance Company Phone # _____ - _____ - _____

Insurance Company Address: _____

Medical Insurance Policy / Group Number - REQUIRED: _____

Emergency Information: Name to contact: _____

Address: _____ City, State, Zip: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to clinic/practice/competition and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Family Doctor: _____ Phone #: _____

I in my own behalf and on behalf of the Minor, hereby warrant that I have read the Participant Release and Waiver Form in its entirety and fully understand its contents/ I, in my on behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Team Illinois Cheerleading, Inc. From liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the clinic/practice/competition will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor: _____ Minor SS#: ____ / ____ / ____
DOB: _____