

TOP FLIGHT ALL STARS TRYOUT FORM

Select the age group you are trying out for, if more than one apply please check both:

Mini
 Youth
 Junior
 Senior
 I am interested in competing on 2 teams

Name: _____ Age as of August 31st 2010: _____

Birthday: _____ Home Phone: (____) _____

Email: _____ @ _____

Have you cheered before? ___ Yes ___ No If so, where? _____

I am prepared to travel, and incur the fees associated with it: (circle) YES / NO

Check **ALL** tumbling skills you can do on the **FLOOR & WITHOUT** a spot - **Please BE HONEST**

Standing Tumbling	Running Tumbling
___ Forward Roll	___ None or Round-off
___ Handstand	___ Front Punch
___ Cartwheel	___ Back Handspring
___ Back/Front Walkover	___ Multiple Handsprings
___ Back Handspring	___ Back tuck
___ Standing Tuck	___ Layout
___ Standing Full	___ Full

At which stunt position do you have experience? **NONE TOP BASE BACKSPOT**

For Staff Only

Tumbling	Stunts/ Flexibility	Motions/ Dance

Assigned to:



Registration / Release Form

Please PRINT CLEARLY and fill out all information that applies:

Athlete Name: _____ Birth date (MM/DD/YY) ____/____/____

Address: _____

City, Province, Postal Code: _____

Parent(s) Name: _____

Main Phone: (_____) _____

Mother Cell: (_____) _____

Father Cell: (_____) _____

Main Email _____@_____

Athlete Email _____@_____

Primary Physician: _____ phone (_____) _____

Emergency Contact: _____ phone (_____) _____

Please list any known allergies:

Authorization, Release

I authorize Top Flight All Stars Cheerleading and its representatives to consent to immediate injury treatment for my child when I cannot be reached to so consent. I also give Top Flight All Stars Cheerleading and its representatives consent to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Top Flight instruction, practices, or performances. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Top Flight All Stars Cheerleading and its staff, officers, or representatives harmless for any injury or resulting expense(s). I release and discharge all rights and claims against Top Flight All Stars Cheerleading and its parties.

I authorize Top Flight All Stars Cheerleading to use photographs, video, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto. I have read, understand, and agree to the Top Flight All Stars Cheerleading, rules and financial commitments. Furthermore, I understand that I must provide written notice to Top Flight if I wish to leave the program. Refunds will be processed within 30 days and only in accordance to the refund policy.

I have read, understand and execute this release and acknowledgement.

Parent/Guardian Signature: _____ Date: _____

