TRYOUT PACKET AND ATHLETE EVALUATION FORMS

Thank you for choosing Capital Cheer Elite for your athlete’s competitive cheer path. We are very excited about our 2016-2017 season and look forward to watching your athlete and all of our teams achieve their goals!

Enclosed you will find the required paperwork for CCE’s tryout evaluations, including:

- Registration Form (required each season)
- Evaluation Form
- Release of Liability Waiver
- Photo & Video Release Form
- Debit Authorization Form

You will also need:

- A Copy of Athlete’s Birth Certificate
- A Copy of Insurance Card
- Head Shot or School Picture (recent image)
- Evaluation fee of $25
  - Evaluation Fee of $15 for Returning Athletes

Please print out this tryout packet, review it with your athlete, and bring it with you to tryouts. (Walk-ins are also accepted!)

If you have any questions, please do not hesitate to contact us at (302) 674-2232 or Capitalcheerelite@gmail.com.

GOOD LUCK!!
ATHLETE REGISTRATION FORM

ATHLETE’S INFORMATION

ATHLETE NAME: ______________________________________ DOB _______________ AGE (as of Aug 31st) ________

HOME ADDRESS: ____________________________________________________________________________________

CITY: _____________________________________________ STATE: ______________________ ZIP: ______________

EMAIL: ________________________________________ FACEBOOK PAGE: _____________________________________

How did you hear about us: __________________________________________ Referral Name: ________________________

PARENT INFORMATION

MOTHER/GUARDIAN NAME: __________________________________ EMAIL: __________________________

PHONE: ________________________________________ ALT. PHONE: _______________________________________

FATHER/GUARDIAN NAME: ___________________________________ EMAIL: __________________________

PHONE: ________________________________________ ALT. PHONE: ________________________________________

MEDICAL INFORMATION

HEALTH INSURANCE PROVIDER: _________________________ POLICY #: __________________________

(Health Insurance information must be complete in order to participate in gym activities.)

EMERGENCY CONTACT: __________________________________ PHONE #: __________________________

In my absence, and only if necessary, I give Capital Cheer Elite staff and coaches permission to administer the following medication to my child:

Tylenol  Advil / Motrin  Benadryl  Tums/Pepto Bismol

PLEASE LIST ALL MEDICAL CONDITIONS, ALLERGIES, PREVIOUS SPORT INJURIES AND HEALTH CONCERNS BELOW:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
ATHLETE EVALUATION FORM

Athlete Name:  ________________________________________________________________________________  Age: ___________________________
Age as of 08/31/16: ___________________

Nickname(s):  ________________________________________________________________________________  Grade __________________________

Welcome to Capital Cheer Elite’s tryouts for the upcoming 2016-2017 season; we hope that you are as excited and eager as we are to start the new allstar cheerleading season!

Before you begin, we will need some basic information provided (below). We also want you to be sure that you have the proper attire (shorts, sweatpants, sports bra or t-shirt (fitted so that it doesn’t ride up when you’re upside down), a pair of athletic shoes, hair pulled back out of your face … and a big, bright smile! Let’s have some fun!

Coaching staff will evaluate each athlete on the following criteria:

- Tumbling difficulty
- Tumbling execution
  - Athleticism
- Dance ability and showmanship
- Willingness to accept instruction
- Stunting positions (flyer, base, back spot)
  - Jump technique
  - Overall attitude

If you have never cheered before, or are not familiar with the terms used by your tryout coaches, please don’t be shy or afraid to ask questions; we are here to help and teach you, so there are NO dumb questions.
1) Have you ever been on a competitive allstar team?  YES or NO  
(If you are new to allstar cheerleading and circled “No” above, proceed to question 6.)

2) The name of your most recent allstar gym? _____________________________ Years: __________

3) On what level of cheer did you last compete? (Circle all age levels that apply.)
   - 1 (Youth, Junior, Senior)
   - 2 (Mini, Youth, Junior, Senior)
   - 3 (Youth, Junior, Senior)
   - 4.2 (Youth, Junior, Senior)
   - 4 (Youth, Junior, Senior)
   - Restricted 5 (Youth, Junior, Senior)
   - 5 (Youth, Junior, Senior)

4) Are you trying out for any CCE team regardless of level?  YES or NO

5) Tumbling Skills (check all that apply):
   - __ Back Walkover  __ Front Walk Over  __ Cartwheel  __ Round off
   - __ Standing Back Handspring  __ Round off Back Handspring
   - __ Standing Back Tuck  __ Jumps to Tuck  __ Running Back Handspring Back Tuck
   - __ Layout  __ Full  __ Double Full
   - __ Other (i.e. specialty pass) ________________________________________________________________

6) What was your cheer stunt position? (Circle all that apply; list level/put a star next to MAIN position.)
   - Front Spot
   - Main Base
   - Side Base
   - Back Spot
   - Flyer

7) What level team are you hoping to make this year?  1st choice ___ 2nd choice ___  
   Will you cheer regardless of what level you are placed? Yes or No (circle one)?

8) Are you interested in crossing over to another team?  YES or NO  
   NOTE: Crossover considerations are ultimately selected by the coaching staff

9) Do you plan to cheer for your school or rec team? If so, please indicate whether you are in middle school or high school and whether you will cheer junior varsity or varsity:
10) How do you feel you would best benefit your cheer team? (Circle two options and briefly explain why.)

➢ Leadership
➢ Work Ethic
➢ Stunting
➢ Tumbling
➢ Jumping
➢ Performance
➢ Dancing

11) Athlete's T-shirt Size: YXS YS YM YL YXL AS AM AL AXL

Please list all planned summer activities (with dates) that will cause you to miss practice:

_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

I hereby give the aforementioned athlete my permission to participate in tryout activities at Capital Cheer Elite.

___________________________________________________________ Date: __________________________
Signature (Parent/Guardian or athlete over the age of 18)
PHOTO/VIDEO/RECORDING RELEASE FORM

I, ____________________________________________, hereby authorize Capital Cheer Elite Allstar Academy and/or any of its successors or assigns (hereinafter “CCE”) to take and/or publish photographs/videos/recordings of the undersigned athlete(s) for use in printed publications, websites and/or social media for the express purpose(s) of promoting CCE and the athlete(s).

I release CCE from any expectation of confidentiality for the undersigned athlete(s) and myself and attest that I am either the athlete (if 18 years or older), or the parent or legal guardian of the athlete(s) listed below, and that I have the authority to authorize CCE to use photographs and/or videos and names of the below-listed athlete(s).

I acknowledge that participation in publications and website produced by the CCE confers no rights of ownership whatsoever. I release CCE, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned athlete(s).

Printed Name of athlete (if over the age of 18): ______________________________________________________________

Signature of athlete (if over the age of 18): __________________________________________ Date: __________________

Printed name of Parent or Legal Guardian of athlete (if a minor): _____________________________________________

Parent’s email address: ______________________________________________________________________________

Signature of Parent or Legal Guardian of athlete (if a minor): ____________________________ Date: _______________

Street Address: _____________________________________________________________________________________

City, State, Zip: _____________________________________________________________________________________

Names and Ages of Additional Athlete(s):

Name: _____________________________________________________ Age: ________ Date of birth: _______________

Name: _____________________________________________________ Age: ________ Date of birth: _______________

Name: _____________________________________________________ Age: ________ Date of birth: _______________
**ATHLETE INFORMATION**

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<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>City:</td>
<td>State: Zip:</td>
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<tr>
<td>Gender: M/F</td>
<td>DOB: / /</td>
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<tr>
<td>Social Security # (if 18 or older):</td>
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<tr>
<td>Cell Phone #:</td>
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<td>Email:</td>
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<td>Facebook:</td>
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**PARENT/GUARDIAN INFORMATION**

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<thead>
<tr>
<th>Parent/Guardian 1:</th>
<th>Cell Phone #:</th>
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<tbody>
<tr>
<td></td>
<td>Work Phone #:</td>
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<tr>
<td></td>
<td>Email:</td>
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<tr>
<td>Parent/Guardian 2:</td>
<td>Cell Phone #:</td>
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<td>Work Phone #:</td>
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**MEDICAL INFORMATION**

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete’s participation and/or performance:

- **Allergies:**
- **Medications (list all):**
- **Insurance Carrier:**
- **Policy #:**
- **Parent Social Security #:**
- **Athlete’s Physician Info.:**

**CAPITAL CHEER ELITE ALLSTAR ACADEMY**

(herinafter referred to as "CCE")

**WAIVER AND RELEASE FORM**

The above athlete (print name here) is hereby permitted to participate in activities provided by CCE including, but not limited to: all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition. I am fully aware that any activity athletic activity being conducted/coached creates the possibility of serious injury and/or death. CCE, its coaches, and other staff members, will not accept responsibility for injuries sustained by any athlete during the course of tumbling, cheerleading instruction, open workouts, or in the course of any exhibition, competition, or clinic in which the athlete(s) may participate; including traveling to or from any events or competitions. The undersigned understands that CCE staff members are not physicians or medical practitioners. With that in mind, the undersigned hereby gives permission for CCE staff to render temporary first aid to the above athlete in the event of any injury or illness and, if deemed necessary by the staff at CCE, in the event of an emergency requiring emergency medical treatment, the undersigned hereby authorizes CCE to take the above-named athlete to a qualified medical or hospital facility for care and treatment via either a CCE staff member or an ambulance. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my athlete participate in the program offered. I further agree to waive all rights and claims for damages that I or my athlete may have against CCE and/or its representatives, whether said representatives are paid or volunteer. I also affirm that I now have, and will continue to provide, proper hospitalization, health and accident insurance coverage, which I consider adequate for both my athlete's/athletes' protection, and my own protection. I also understand that it is the parents' responsibility to warn the athlete(s) according to what the parent feels is appropriate. CCE will only warn the athlete through “Safety Messages,” our teaching style and progressions.

This Waiver and Release is intended to be binding upon the athlete, his/her heirs, assigns, successor-in-interest, and anyone claiming by or through him/her. This Waiver and Release includes, but is not limited to: any claims of negligence, deliberate intention, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Delaware Law.

The undersigned attests that all information given is factual and certifies that the athlete is in good health and may participate in any CCE-related activities.

- **Athlete Name (Print):**
- **Athlete Signature:**
- **Date:**
- **CCE Office Representative:**
- **Signature of Above:**
- **Date:**

- **Parent/Guardian Name (Print):**
- **Parent/Guardian Signature:**
- **Date:**