



Competitive Cheerleading Checklist

- ★ \$100 Tryout Fee (cash, check or credit card)
- ★ Registration Form
- ★ Credit Card Authorization Form
- ★ Evaluation Form w/ Headshot Attached

Entire packet must be completed and returned along with tryout fee on Tuesday, May 12th. Incomplete packets will not be accepted and athletes will not be able to participate until forms and payment have been turned in.



Registration Form

Athlete Information:

Today's Date: _____

Name: _____ Birthday: _____

Athlete Cell Phone: _____ Athlete Email: _____

Current School: _____ 2015-2016 Grade: _____

Athlete's Address: _____

City _____ Zip code _____

Parent/ Guardian Information:

Mom's Name: _____ Cell Phone: _____

Mom's Email: _____

Dad's Name: _____ Cell Phone: _____

Dad's Email: _____

Athlete lives with: _____ Who is responsible for payment: _____

Emergency Contact (In case parents cannot be reached)

Name: _____ Phone: _____ Relationship: _____

As legal guardian of the above registered student, I hereby give my consent for the aforementioned to participate in any and all activities/events held at Infinity Allstars or attended by Infinity Allstars. I understand by the very nature of these activities/events, cheerleading, dance, and gymnastics carry a risk of physical injury. No matter how careful the participant and coach(es) are, how many spotters are assisting, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes but is not limited to, minor injuries as well as catastrophic injuries. I understand these risks and do hereby for myself and all others who might have a similar claim, waive, release, absolve, indemnify and forever discharge any and all rights and claims for injury which may arise now or in the future against Infinity Allstars or any of its personnel for any and all damages which my child may sustain, whether the result of negligence or for any other cause, while attending and participating in any activity/event that Infinity Allstars is a part of.

Parent's Name Printed

Parent's Signature

Date

How did you hear about INFINITY ALLSTARS? _____



Credit Card Authorization Form

All team members must provide a credit card number to be kept on file. We will store this information securely and it will only be used for payment towards your athlete's account.

Monthly fees are due on the 1st of each month (and additional fees are due on the 15th of June, July and August). If you wish to use another form of payment other than the card listed below, payment must be made prior to the 1st of the month. Any outstanding balance will be charged to your card on file on the 1st day of each month.

Athlete Name: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

I have read the tuition/fee information and fully understand my financial commitment to Infinity Allstars. I understand that my commitment is for the 2015-2016 competitive season. I understand that I am giving my credit/debit card information and I agree to have Infinity charge my card on file on the 1st of each month for any outstanding balances. I understand that I will forfeit any monies paid if I chose to leave a team or am asked to leave the program. I understand that I am entering into this program of my own free will.

Signature: _____ Date: _____

It is your responsibility to notify the office of any changes to this card.

INFINITY

Evaluation Form

Attach Headshot

Athlete Name: _____

Age (as of 8/31/15): _____ **DOB:** _____

Cheered before? Where/How Long? _____

Are there any days/times Monday-Thursday that you have a conflict with?

Please check off ALL skills that you can currently perform. You will then be evaluated by an iNFINITY staff member to ensure proper level placement.

Level 1	Level 2	Level 3	Level 4	Level 5
<input type="checkbox"/> Round Off	<input type="checkbox"/> Standing BHS	<input type="checkbox"/> Standing BHS Series	<input type="checkbox"/> Standing Tuck	<input type="checkbox"/> Running Full
<input type="checkbox"/> Bridge Kickover	<input type="checkbox"/> Back Walkover BHS	<input type="checkbox"/> R/off Tuck	<input type="checkbox"/> Standing BHS Tuck	<input type="checkbox"/> Specialty to Full
<input type="checkbox"/> Front Walkover	<input type="checkbox"/> BHS Step Out R/off BHS	<input type="checkbox"/> R/off BHS Tuck	<input type="checkbox"/> R/off BHS Layout	<input type="checkbox"/> Standing Series to Full
<input type="checkbox"/> Back Walkover	<input type="checkbox"/> R/off BHS Series	<input type="checkbox"/> Punch Front	<input type="checkbox"/> Standing Series to Layout	<input type="checkbox"/> Standing Full
<input type="checkbox"/> Series Back Walkovers	<input type="checkbox"/> Triple Jump to BHS (w 2 sec pause)	<input type="checkbox"/> BHS Step out R/off BHS Tuck	<input type="checkbox"/> Specialty to Layout	<input type="checkbox"/> Double Full
<input type="checkbox"/> Triple Jump		<input type="checkbox"/> Triple Jump to Triple BHS	<input type="checkbox"/> Triple Jump to BHS Tuck	<input type="checkbox"/> Quad Jump Tuck

DO NOT WRITE BELOW THIS LINE - GYM USE ONLY

Notes:

Level Placement

1 2 3 4 5