

JUST CHEER ALL-STARS ATHLETE ASSESSMENT 2023-2024



REGISTRATION AND RELEASE FORM



ATHLETE INFORMATION	PARENT/GUARDIAN INFORMATION
Name: _____	Parent/Guardian 1: _____
Address: _____	Cell Phone #: _____
City: _____ State: _____ Zip: _____	Work Phone #: _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____ / ____ / ____	Email: _____
Social Security # (if 18 or older): _____	Parent/ Guardian 2: _____
Cell Phone #: _____	Cell Phone #: _____
Email: _____	Work Phone #: _____
Facebook: _____	Email: _____

MEDICAL INFORMATION

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

Allergies: _____	Insurance Carrier: _____
Medications (list all): _____	Policy #: _____
_____	Parent Social Security #: _____
Emergency Contact: _____	Relation: _____
_____	Emergency Contact #: _____

JuST CHEER

ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

In consideration for (athlete name) _____ 's participation in the activities provided by JuST Cheer, including but not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition. I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release JuST Cheer, including its officers, shareholders, agents, and employees from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premise of JuST Cheer, including any event sponsored or sanctioned by JuST Cheer, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, 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 New Jersey Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend JuST Cheer, including its officers, shareholders, agents and employees from any loss, liability, damage or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by JuST Cheer. This release is intended to be binding upon the athlete, his/her heirs, assignees and successor in interest and anyone claiming by or through him/her. In addition, I give JuST Cheer permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events or promotional print associated or in any way connected with JuST Cheer. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any JuST Cheer activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes JuST Cheer to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): _____	Parent/Guardian Name (Print): _____
Athlete Signature: _____	Parent/Guardian Signature: _____
Date: _____	Date: _____

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Athlete Full Name: _____ Date of Birth: _____

Gym/Program in 2022-2023

Team/level in 2022-2023

of years in All Star

What was the role or roles you have competed in, in terms of stunting.

Please select all that apply:

Main Base Side Base Backspot Flyer No Stunting Experience

What is the highest level of stunting you have competed, within the roles that were selected above: *(If you have no cheer experience, please leave this section blank)*

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

Please indicate your athletes sizing below. Sizes listed will be for practice wear/sponsor shirts/various team gifts throughout the season, etc. *(Sizing-YXXS, YXS, YS, YM, YL, YXL, AXS, AS, AM, AL, AXL, AXXL)*

Sports Bra Size: _____ Shorts Size: _____ T-Shirt/Tank Top Size: _____

All evaluating athletes for the JuST Cheer All Stars Program **MUST** perform one of our evaluation routines, that are set up by level. Please indicate below which Level routine you will be performing:

Non-Tumbling Level 1 Level 2 Level 3 Level 4 Level 5

For Season 25, JuST Cheer All stars will be offering both Prep and Elite teams. This program is geared towards athletes who may be new to all star cheer and/or are working towards mastering their current skills. For more information on our Prep Program, please see page 5 within our Program Packet. Please indicate below which program you will be evaluating for.

You may select BOTH programs, if uncertain. (Selecting a program does NOT guarantee placement within that program):

Prep Program Elite Program

Are you interested in being a Crossover athlete? *(Team to be selected by coaches/owners)*
Before selecting, please see page 7 within the Program Packet and review all information.

YES NO

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PAIN RELIEVER CONSENT

Just Cheer All Stars ***will not*** provide Tylenol, Ibuprofen or Aleve to any athlete without written permission and consent from a parent or guardian. Please indicate your preference by checking the appropriate option along with your signature.

____ NO, I do not want medication provided to my child.

____ YES, my child may be provided any of the medication listed above.

____ YES, my child may be provided and administered medicine only from the following list:

1. _____
2. _____
3. _____

Parents Signature: _____ Date: ____/____/____

Athlete Name: _____