

# 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: _____	Emergency Contact #: _____
Relation: _____	

### 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 Phone #

\_\_\_\_\_  
Gym Program in 2022-23

\_\_\_\_\_  
Team & Level in 2022-23

\_\_\_\_\_  
# of years in All Star

\_\_\_\_\_  
Parent Phone #

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Team/Division/Level Request \*\*\*\*

\*\*\*\*These requests will be considered, but no guarantees are made. Specific requests for ride sharing/siblings/practice times etc. that are realistic, significant, and valid are accommodated when it doesn't hinder overall rosters. Requesting to fly, to be on an older team than your normal age group, or to be on a team with higher-level skills than the ones you currently have are unlikely accommodations that cannot/ will not be made, as this will directly impact the final roster selection.

If you have been on a team before, what role(s) did you play in stunt groups? (Check all that apply)

MAIN

SIDE

BACK

FLYER\*

FRONT

\* A flyer is a very demanding position on any team. It requires an extreme amount of focus, personality and often many additional hours of intense training. Prior experience is a plus but not a necessity. Criteria to be considered will include size (i.e., height and weight) in comparison to each athlete's potential age group/team, flexibility, balance, personality, and poise. Being chosen as a flyer at the start of the season will not eliminate nor guarantee an athlete's position as a flyer for the season.

What is the HIGHEST level of stunts you have competed? (Mark one) 1 2 3 4 5 6

     

Are you interested in being a cross-over? (Team to be selected by coaches/owners)

YES

NO

\*A Crossover is an athlete that will be placed on a team, either higher or lower in level, in addition to their original team placement. An additional Crossover fee will apply. Please refer to the informational packet (Page 7), for more information. Selecting to be a crossover does not guarantee a crossover position.

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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: \_\_\_\_\_