

# JUST CHEER ALL-STARS ATHLETE ASSESSMENT 2024-2025



## 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: _____

# JUST CHEER ALL STARS ATHLETE ASSESSMENT

Athlete Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Gym/Program in 2023-2024

\_\_\_\_\_  
Team/level in 2023-2024

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

Please indicate your athletes sizing below. Sizes listed will be for practice wear/sponsor shirts/various team items 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: \_\_\_\_\_

**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 this section blank:***

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

**Please indicate below which Level you will be evaluating for:**

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

For Season 26, 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

**JUST CHEER ALL-STARS ATHLETE ASSESSMENT 2024-2025**  
**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: \_\_\_\_\_