



JUST CHEER ALL-STAR PROGRAM 2019-2020

At JuST Cheer it is our mission to provide high-quality coaching and teaching, in the areas of stunting and tumbling. It is our mission to teach each athlete the life lessons of hard work, teamwork, sportsmanship, and integrity. We strive to produce athletes who are confident, and will become positive and constructive members of society.

WHY CANT WE ALL... JUST CHEER?!

JUST CHEER ALL-STARS EVALUATION PACKET 2019-2020

What does it take to be a JuST Cheer All Star?

- A great attitude
- Dedication
- Practice
- Hard, physical work
- **Perfect attendance**
- Be a team player and encourage your teammates
- BE FLEXIBLE...BODY AND SOUL

EVALUATION PROCEDURE

- **Thoroughly read through the ENTIRE Informational Packet** (this is a separate packet)
- Attach a **\$35** Evaluation Fee to a complete evaluation package (see last page)
- Turn in Registration forms upon arrival for evaluations
 - a. Registration and Release Form
 - b. Athlete Evaluation Form
 - c. Pain Reliever Consent
- **Important Dates:**
 - Evaluations: May 20th, 21st, 22nd
 - Level Practices reveal: May 20th
 - Commitment Day: May 29th (Registration fee due/ All forms due)

WHAT SHOULD AN ATHLETE WEAR?

- Black shorts
- Black T shirt or sports bra
- Sneakers
- Hair in a ponytail and bow

Presentation is considered! RELAX AND HAVE FUN!!!

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TEAM PLACEMENT & EVALUATION PROCESS

After the evaluation process, the staff will carefully review all skills demonstrated by each athlete, during this time. Athletes will then be placed on a team that we feel is best suited.

After evaluations, athletes will take part in “Level Practices”. Level Practices will be held for 3 weeks (6/3-6/26). This will allow your athlete to not only level up, but to ensure they are able to maintain their current skills, that were displayed during evaluations. An email will be sent out Monday, May 20th, detailing the level or levels your athlete has been placed on. Being placed on multiple levels does not entail that your athlete will be on two teams. This is simply being done for athletes that may be in-between levels. Final team placements will be released on June 27th during Team Reveals. Your child will stay on their original level as long as they:

1. Maintain/improve the skills they completed at tryouts with the same technique
2. Are able to successfully fill a stunt position
3. Abide by all the rules and regulations of our program

We will have a **MANDATORY PARENT & ATHLETE MEETING** at your child’s **first scheduled practice. If you do not attend, athlete may not participate in their first practice.**

We expect to have teams in all age levels and many skill levels within each group. These age groups are as follows:

Tiny Pre-Team (Exhibition): 3 to 6 years old as of August 31st, 2019

Tiny: 5 to 6 years old as of August 31st, 2019

Mini: 5 to 8 Years old as of August 31st, 2019

Youth: 5 to 11 Years old as of August 31st, 2019

Junior: 5 to 14 Years old as of August 31st, 2019

Senior (levels 1-4 and 5R): 11 to 18 Years old as of August 31st, 2019

Senior (level 5): 13 to 18 years old as of August 31st, 2019

All-Star cheerleading is scored based upon the execution of **tumbling, jumps, dance, motion technique, tosses, stunting, performance and choreography**. Athletes will be placed on teams based upon their abilities as well as their mental mindset. Although tumbling skills are not the final determination regarding team placement, **we have listed tumbling skills preferred at each level for your benefit**. These skills are listed in the JuST cheer lobby on the banner, placed in front of the second window. There may be multiple teams at each level (ex. Junior 3 and Senior 3), and your child will be placed where the coaches feel your child will best help a team.

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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 EVALUATION PACKET 2019-2020



Athlete Name :

Age on (8/31/2019):

Please put a check mark **IN THE CIRCLES ONLY** for skills you can currently complete safely, consistently, with good technique and **WITHOUT A SPOTTER**.

| | <u>Beginner</u> | <u>Intermediate</u> | <u>Advanced</u> |
|--|---|---|--|
| L E V E L 1 | <ul style="list-style-type: none"> <input type="radio"/> Forward Roll <input type="radio"/> Backward Roll <input type="radio"/> Cartwheel <input type="radio"/> Bridge Kick Over | <ul style="list-style-type: none"> <input type="radio"/> Jumps to Forward Roll <input type="radio"/> Jumps to Backward Roll <input type="radio"/> Handstand Forward Roll <input type="radio"/> Back Walkover | <ul style="list-style-type: none"> <input type="radio"/> Specialty Series <input type="radio"/> Front Walkover <input type="radio"/> Back Walkover Series |
| L E V E L 2 | <ul style="list-style-type: none"> <input type="radio"/> Standing BHS <input type="radio"/> Jumps pause BHS <input type="radio"/> BHS pause BHS <input type="radio"/> Round off BHS <input type="radio"/> Front Handspring | <ul style="list-style-type: none"> <input type="radio"/> Straight Jump BHS <input type="radio"/> BWO BHS <input type="radio"/> BHS Step Out RO BHS <input type="radio"/> RO BHS Series | <ul style="list-style-type: none"> <input type="radio"/> BWO BHS Step Out into Specialty <input type="radio"/> FWO RO BHS Series <input type="radio"/> Specialty Series <input type="radio"/> Front Bounder Step Out |
| L E V E L 3 | <ul style="list-style-type: none"> <input type="radio"/> Standing 2 BHS <input type="radio"/> Jumps to BHS <input type="radio"/> RO Tuck <input type="radio"/> RO BHS Tuck | <ul style="list-style-type: none"> <input type="radio"/> Standing 3 BHS <input type="radio"/> 2 Jumps to 2 BHS <input type="radio"/> FWO RO BHS Tuck <input type="radio"/> RO BHS Step Out RO BHS Tuck <input type="radio"/> Punch Front | <ul style="list-style-type: none"> <input type="radio"/> 3 Jumps to 3 BHS <input type="radio"/> Jump BHS Jump BHS <input type="radio"/> Jump BHS Step Out RO BHS Tuck <input type="radio"/> FWO RO BHS Step Out RO BHS Tuck |
| L E V E L 4 | <ul style="list-style-type: none"> <input type="radio"/> Standing Tuck <input type="radio"/> Standing 2 BHS Tuck <input type="radio"/> Jump to BHS Tuck <input type="radio"/> RO BHS Layout | <ul style="list-style-type: none"> <input type="radio"/> 2 Jumps to BHS Tuck <input type="radio"/> FWO RO BHS Layout <input type="radio"/> Standing BHS Tuck <input type="radio"/> Cartwheel Tuck | <ul style="list-style-type: none"> <input type="radio"/> Specialty Pass <input type="radio"/> RO BHS Whip BHS Layout <input type="radio"/> Punch Front RO BHS Layout <input type="radio"/> RO Whip BHS Layout |
| L E V E L 5 | <ul style="list-style-type: none"> <input type="radio"/> Jumps to Tuck <input type="radio"/> 3 BHS Full <input type="radio"/> 2 BHS Full <input type="radio"/> RO BHS Full <input type="radio"/> FWO RO BHS Full | <ul style="list-style-type: none"> <input type="radio"/> Standing BHS Full <input type="radio"/> Jump 2 BHS Full <input type="radio"/> Standing Full <input type="radio"/> BHS Whip 2 BHS Full <input type="radio"/> Specialty to Full <input type="radio"/> RO BHS Double Full | <ul style="list-style-type: none"> <input type="radio"/> Jump to Standing Full <input type="radio"/> BHS Series to Double Full <input type="radio"/> 2 BHS to Whip Punch Double Full <input type="radio"/> Standing Specialty to Double Full <input type="radio"/> Running Specialty to Double Full |

JUST CHEER ALL-STARS EVALUATION PACKET 2019-2020

Athlete Phone #

Gym Program in 2018-19

Team & Level in 2018-19

of years in All Star

Parent Phone #

Parent Name

Team/Division/Level Request ****

Other roster requests (long distance ride share, etc.) ****

****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 to make an impact on 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

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

Please list the most difficult stunt(s) you have competed:

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

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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: _____

Team: _____

