Unique Sports Academy
All-Star Cheerleading
2015-2016
EVALUATION FEES AND FORMS

Athlete Evaluation Fee $50.00

Please fill out and sign the following forms:

 Registration Form
 Contract Acknowledgement
 Tryout Evaluation Form

Please attach the following with forms:
 Copy of Birth Certificate
 Photo of Athlete
Registration Form
Please complete this form and return in person.

Family Name: _________________________________

Address: _______________________________________________________
Street                      City                      Zip

Home Phone: ______________     Email: _______________________________

Mother’s Name: ___________________ Work #: ______________ Cell#: ______________

Father’s Name: ___________________ Work #: ______________ Cell#: ______________

How did you hear about us? ___________________________________________________

<table>
<thead>
<tr>
<th>1st Family Member</th>
<th>2nd Family Member</th>
<th>3rd Family Member</th>
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</thead>
<tbody>
<tr>
<td>Name (Last, First)</td>
<td>Name (Last, First)</td>
<td>Name (Last, First)</td>
</tr>
<tr>
<td>Birthdate</td>
<td>Birthdate</td>
<td>Birthdate</td>
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<tr>
<td>Medical Information:</td>
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Emergency Contact Information:

Primary Contact Information (Name/Phone Number): ________________________________

Secondary Contact Information (Name/Phone Number): _______________________________

Family Doctor /Insurance Company/Policy Number: ________________________________

Billing Contact Information:

Financial Responsibility (Name): ___________________ Relation to Athlete(s): ___________________

Billing Address: ________________________________________________________________

City, State, Zip: ________________________________________________________________

Primary Phone: ___________________ Alternate Phone: ___________________
Medical History Information: (Student Name): _______________________________

*One per child must be completed.*

Does participant have any condition that would preclude or limit participation in our programs? If yes, please explain:  
NO  YES

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td>Has participant ever been informed that they have Asthma?</td>
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<td>If so, is it controlled by medication?</td>
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<td>Has participant ever been informed that they might have epilepsy, or ever experienced a seizure?</td>
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<td>Has participant been treated for infectious mononucleosis, viral pneumonia, or another infectious disease during the past twelve months?</td>
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<td>Has participant ever been treated for or informed by a medical doctor that they have a heart problem, a heart murmur, or high blood pressure?</td>
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<td>Has participant ever been told that they had hemophilia or other bleeding disorders or currently have easy bleeding or bruising?</td>
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<tr>
<td>Has participant ever been told they have a hernia?</td>
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<td>If so, is it repaired?</td>
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<tr>
<td>Has participant had any operations in the past two years?</td>
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<tr>
<td>If yes, indicate that anatomical site and date:</td>
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<tr>
<td>Is participant currently taking prescribed medications?</td>
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<td>If so, indicate name of drug and why it is prescribed:</td>
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<tr>
<td>Has participant ever been treated for Osgood-Schlatter (knee) Disease?</td>
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<td>Has participant had a fracture during the past two years?</td>
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<td>If yes indicate the site of the fracture and date:</td>
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<td>Has participant had any joint dislocation during the past two years?</td>
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<td>If so, please indicate which joint:</td>
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<td>Does participant ever experience pain in the back?</td>
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<td>If yes, indicate frequency (circle): Seldom/Occasionally/Frequently/Only on Vigorous Exercise or Heavy Lifting</td>
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<td>Is participant allergic to penicillin or any other medications?</td>
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<td>If so, please list:</td>
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<tr>
<td>Have there been any disciplinary, emotional learning disabilities or other concerns, which we should be aware of?</td>
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<td>If so, please explain</td>
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Release: I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Universal Sports & Academics, their agents or representatives, for any injury or damages that may be suffered by me, my children adopted or otherwise, in connection with my association or entry in gymnastics, cheerleading or other activities sponsored by Universal Sports & Academics.

I give my permission to Universal Sports & Academics, Inc. to copyright and re-use, publish, and republish photographs or video of my child(ren) or myself or pictures in which my child(ren) and/or myself may be included, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, art, promotion, or advertising, that could expose a recognizable member of my family to the public.

**PARENT / GUARDIAN / STUDENT:** All questions on both sides of this page have been answered completely and truthfully to the best of your knowledge.

**Date:** ___________  **Parent Signature:** ______________________________________

**Date:** ___________  **Student (over 18) Signature:** ______________________________________
UNIQUE SPORTS ACADEMY ALL-STAR CHEERLEADING  
2015-2016 CONTRACT ACKNOWLEDGEMENT  

I have received and read the Unique Sports Academy All-Star Cheerleading Contract. I fully understand this document is a contract between me and Unique Sports Academy. By signing below, I acknowledge that I will adhere to all of Unique Sports Academy’s rules and regulations as stated in the Unique Sports Academy All-Star Cheerleading Contract. I also fully understand that if any of the rules are violated by any of my family members, the result could lead to my child’s immediate removal from the program.

PERMISSION STATEMENT & RELEASE My child has permission to participate at Unique Sports Academy. I confirm my child is in good health. I am also fully aware of and appreciate the risk of participating in any activity on the premises of Unique Sports Academy including personal damages and losses; accidental injuries, minor or serious, including head and neck injury; and loss of life. I hereby give my permission for Unique Sports Academy officials to call a doctor and/or paramedics for treatment in the event of an emergency. I further agree not to hold any Unique Sports Academy official or staff member responsible for any possible illness, accident or injury which may occur in training, class or on Unique Sports Academy premises.

I do hereby verify that I fully understand and accept the above statements and the guidelines set forth in this contract. Upon signing, I give my permission to Unique Sports Academy for photographs or video tapes to be taken for the purpose of, and use in, publications, promotions, and/or for other reasons that could expose a recognizable member of my family to the public.

Athlete’s Signature: ___________________________ Date: ________________

Athlete’s Name Printed: ___________________________

Parent’s Signature: ___________________________ Date: ________________

Parent’s Name Printed: ___________________________
Unique Sports Academy

ATHLETE # __________

2015-2016 All Star Cheerleading Evaluation Form

Name ______________________________________________________________________

Age (as of August 31, 2015) ___________ Grade (Fall 2015) ____________ Date of Birth ____________

Have you cheered before? _____Yes _____No      If yes, where/what level? _____________________________

TUMBLING SKILLS: (CHECK YOUR LOWEST TO HIGHEST LEVEL SKILLS - ATHLETES FILL OUT SECTION BELOW)

Level 1
Forward/Backward Roll Cartwheel Front/Back Walkover Roundoff Handstand

Level 2
Standing BH Roundoff BH Roundoff Multiple BH Back Walkover BH Front Handspring

Level 3
Standing Multiple BH Roundoff Tuck Roundoff BH Tuck

Level 4
Toe Touch Jump BH Punch Front Specialty Pass to Tuck

Level 5
Standing Tuck Standing BH Layout Roundoff BH Layout Punch Front to Layout Front Walker to Layout

JUMPS

(CIRCLE THE NUMBER IN EACH CATEGORY THAT BEST DESCRIBES YOUR SKILL)

1 Weak 1 Weak
2 2
3 Average 3 Average
4 4
5 Strong 5 Strong

CIRCLE YOUR STUNT POSITION:       NONE      FLYER      BASE      BACKSPOT

FLYER STUNT SKILLS:

Level 1 1/2 prep one leg/thigh level stunts
Level 2 full extension one leg/shoulder level stunts
Level 3 one leg/full ext single twist dismount from full extension
Level 4 one leg/full ext doubletwist dismount from full extension
Level 5 double twist dism kick double basket

FLYER FLEXIBILITY: (circle your level)

Left Stretch Right Stretch Bow & Arrow Scorp Scale Arabesque

Poor Average Poor Average Poor Average

Great Great Great Great Great

WHAT TEAM ARE YOU BEING EVALUATED FOR?

SPECIAL REQUESTS?

FOR STAFF USE ONLY

Coach's Name: ________________ Coach's Skill Comments: __________________________

Level Recommendation based on tumbling 1 2 3 4 5 (circle level)

Level Recommendation based on motions/jumps/dance 1 2 3 4 5 (circle level)

Level Recommendation based on stunting(Flyers Only) 1 2 3 4 5 (circle level)

Team Assignment/Age Level Recommendation __________________________