

Spirit Of Kentucky All-Star Cheerleading

2120 Robinson Creek Rd. Corbin, KY 40701

606-523-0840

www.damargym.com

EVALUATIONS

Please attach the following with forms:
Copy of Birth Certificate

Please complete the following information.

Athlete(s)

1st Name: _____ Birth Date: _____ Age as of 8/31/19: _____

2nd Name: _____ Birth Date: _____ Age as of 8/31/19: _____

3rd Name: _____ Birth Date: _____ Age as of 8/31/19: _____

Parent(s)

Parent #1: _____ Cell #: _____ EMAIL: _____

Parent #2: _____ Cell #: _____ EMAIL: _____

Address: _____
Street City Zip

How did you hear about us? _____

SPIRIT OF KENTUCKY ALL-STAR CHEERLEADING Waiver/ Permission

PERMISSION STATEMENT & RELEASE My child has permission to participate at Spirit of Kentucky. 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 Spirit of Kentucky 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 Spirit of Kentucky officials to call a doctor and/or paramedics for treatment in the event of an emergency. I further agree not to hold any Spirit of Kentucky official or staff member responsible for any possible illness, accident or injury which may occur in training, class or on Spirit of Kentucky premises.

I do hereby verify that I fully understand and accept the above statements and the guidelines set forth in this form.

Athlete's Signature: _____ Date: _____

Athlete's Name Printed: _____

Parent's Signature: _____ Date: _____

Parent's Name Printed: _____

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? **NO YES**
If yes, please explain:

Has participant ever been informed that they have Asthma? **NO YES**

If so, is it controlled by medication? **NO YES**

Has participant ever been informed that they might have epilepsy, or ever experienced a seizure? **NO YES**

Has participant been treated for infectious mononucleosis, viral pneumonia, or other infectious disease during the past twelve months? **NO YES**

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? **NO YES**

Has participant ever been told that they had hemophilia or other bleeding disorders or currently have easy bleeding or bruising? **NO YES**

Has participant ever been told they have a hernia? **NO YES**

If so, is it repaired? **NO YES**

Has participant had any operations in the past two years? **NO YES**

If yes, indicate that anatomical site and date:

Is participant currently taking prescribed medications? **NO YES**

If so, indicate name of drug and why it is prescribed:

Has participant ever been treated for Osgood-Schlatter (knee) Disease? **NO YES**

Has participant had a fracture during the past two years? **NO YES**

If yes indicate the site of the fracture and date:

Has participant had any joint dislocation during the past two years? **NO YES**

If so, please indicate which joint:

Does participant ever experience pain in the back? **NO YES**

If yes, indicate frequency (circle): Seldom/Occasionally/Frequently/Only on Vigorous Exercise or Heavy Lifting

Is participant allergic to penicillin or any other medications? **NO YES**

If so, please list:

Have there been any disciplinary, emotional learning disabilities or other concerns, which we should be aware of? **NO YES**

If so, please explain

Release: I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Spirit of Kentucky, 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 Spirit of Kentucky.

I give my permission to Spirit of Kentucky, 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: _____

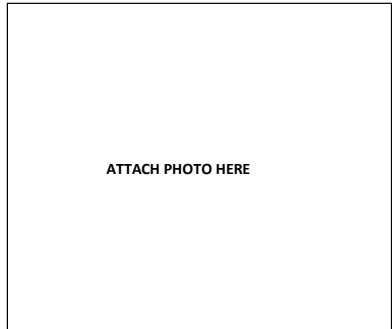
SPIRIT OF KENTUCKY
All Star Cheerleading Evaluation Form

ATHLETE # _____

Name _____

Age (as of August 31, 2019) _____ **Grade (Fall 2019)** _____ **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
 Toe Touch Jump BH Punch Front Specialty Pass to Tuck

Level 4
 Standing Tuck Standing BH Layout Roundoff BH Layout Punch Front to Layout Front Walker to Layout
 Toe Touch Jump BH Tuck Layout Step Out Specialty Pass to Layout Whip to Layout BH Step to Layout

Level 5
 Triple Toe Touch Tuck Standing BH Full Roundoff BH Full Standing Full
 Toe Full Standing BH Double Roundoff BH Full
 Specialty to Double Running Specialty to Full Running Specialty Standing to Full/Double

JUMPS

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

MOTIONS

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

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

CIRCLE YOUR STUNT POSITION: NONE FLYER BASE BACKSPOT

FLYER STUNT SKILLS:

Level 1 _____ 1/2 prep _____ one leg/high 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
 _____ full up/tick toc transitions

FLYER FLEXIBILITY: (circle your level)

Left Stretch	Poor	Average	Great
Right Stretch	Poor	Average	Great
Bow & Arrow	Poor	Average	Great
Scorp	Poor	Average	Great
Scale	Poor	Average	Great
Arabesque	Poor	Average	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		_____									