



LAKELAND XPRESS ALL-STARS, INC.

For Office Use Only:

Team / Class:	_____
Registration Date:	_____
Payment Method:	_____
Payment Amount:	_____

- Check all that apply:
- All-Star Trial Class
 - All-star Prep Private Lesson
 - Tumbling Open Gym
 - Misc. _____

REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION

Name: _____
 Address: _____
 City: _____ Zip: _____
 Gender: M F
 DOB ____/____/____ Age ____ (as of 8/31/17)
 Cell Phone # _____
 Email: _____
 Facebook: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____
 Cell Phone # _____
 Home Phone # _____
 Email: _____
 Parent/Guardian 2: _____
 Cell Phone # _____
 Home Phone # _____
 Email: _____

MEDICAL INFORMATION

Allergies: _____ Insurance Carrier: _____
 Medications (List all): _____ Policy #: _____
 Emergency Contact: _____ Relation _____ Emergency Contact #: _____
 Should your child be restricted in/from any activity? Yes ____ No ____ If yes, please list: _____

(Please attach a separate page if additional space is necessary.)

Any recent serious injuries/illness? Yes No If yes, give description and date of injury/illness: _____

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance.

Lakeland Xpress All-Stars, Inc.
(herein after referred to as "LXA")

ACKNOWLEDGEMENT, AUTHORIZATION, AND RELEASE FORM

In consideration for (athlete name) _____'s participation in the activities provided by LXA, 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 creates the possibility of serious injury and/or death. I hereby release LXA, including its officers, share/holders, agents, and employees, from and 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 LXA, including any event sponsored or sanctioned by LXA, 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 the intended to be as broad as permissible under Florida law. I am full 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 LXA, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give LXA permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional printed associated or in any way connected with LXA. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given in factual. I certify that the athlete is in good health and may participate in any LXA activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes LXA to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): _____
 Athlete Signature: _____
 Date: _____

Notary or Witness (Print) _____
 Notary or Witness Signature: _____
 Date: _____

Parent/Guardian Name (Print): _____
 Parent/Guardian Signature: _____
 Date: _____

Notary Seal:

Athlete Name _____ Age (as of 8/31/17) _____ Date of Birth _____ / ____ / ____
 Athlete Phone # _____ Gym/Program in 2016-17 _____ Team & Level in 2016-17 _____ # of Yrs in All-star _____
 Parent Phone # _____ Parent Name _____

1. _____ 2. _____ 3. _____
 Team/Division/Level Requested****

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, 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 stunt(s) you have competed?

Are you interested in being a cross-teamer? If so, list the level(s) you are interested in:

What extra-curricular activities will be higher priority for you than your all-star team? (For what would you potentially request an excused absence?)

What dates/weeks will you be missing this summer (if any) for school cheer, camp, family vacation, or other commitments that you cannot reschedule?

Office Use ONLY*	T/Tank _____	Uniform Crop / Full _____ +/- _____
	S Bra _____	Uniform Shorts / Shirt _____
	Shorts _____	Warm up Jacket _____
	Shoes _____	Warm up Pants _____

Gymnast Athlete Evaluation Form

Athlete Name _____

Age (as of 8/31/17) _____

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

	Beginner	Intermediate	Advanced
LEVEL 1	<ul style="list-style-type: none"> <input type="checkbox"/> Forward Roll <input type="checkbox"/> Backward Roll <input type="checkbox"/> Cartwheel <input type="checkbox"/> Round off <input type="checkbox"/> Bridge Kick Over 	<ul style="list-style-type: none"> <input type="checkbox"/> Jumps to forward Roll <input type="checkbox"/> Jumps to Backward Roll <input type="checkbox"/> Handstand Forward Roll <input type="checkbox"/> Front Limber <input type="checkbox"/> Back Walkover 	<ul style="list-style-type: none"> <input type="checkbox"/> Back Extension Roll <input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Walkover Series <input type="checkbox"/> Back Limber <input type="checkbox"/> Specialty Series
LEVEL 2	<ul style="list-style-type: none"> <input type="checkbox"/> Standing BHS <input type="checkbox"/> Jumps Pause BHS <input type="checkbox"/> BHS Pause BHS <input type="checkbox"/> Round off BHS <input type="checkbox"/> Front Handspring 	<ul style="list-style-type: none"> <input type="checkbox"/> Straight Jump BHS <input type="checkbox"/> BWO BHS <input type="checkbox"/> RO BHS Series <input type="checkbox"/> Front Bounder 	<ul style="list-style-type: none"> <input type="checkbox"/> FWO RO BHS Series <input type="checkbox"/> Specialty Series <input type="checkbox"/> Front Bounder Step Out <input type="checkbox"/> FHS Front Bounder
LEVEL 3	<ul style="list-style-type: none"> <input type="checkbox"/> Standing 2 BHS <input type="checkbox"/> Jumps to BHS <input type="checkbox"/> RO Tuck <input type="checkbox"/> RO BHS Tuck 	<ul style="list-style-type: none"> <input type="checkbox"/> Standing 3 BHS <input type="checkbox"/> 3 Jumps to 2 BHS <input type="checkbox"/> FWO RO BHS tuck <input type="checkbox"/> RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front 	<ul style="list-style-type: none"> <input type="checkbox"/> 4 Jumps to 3 BHS <input type="checkbox"/> Jump BHS Jump BHS <input type="checkbox"/> Jump BHS Step Out RO BHS Tuck <input type="checkbox"/> FWO RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front Pause RO BHS Tuck

Comments:

(Staff only below line)

PK _____

FH _____

TT _____

4 Jumps _____

Comments:

Stunt Position _____ Team/Level: _____

Coach 1 _____

Comments:

Stunt Position _____ Team/Level: _____

Coach 2 _____