



NJ PREMIER ALL STARS

2024-2025 EVALUATION REGISTRATION FORM

FAMILY LAST
NAME:

PARENT/GUARDIAN
NAME:

ADDRESS:

CITY:

ZIP:

EMAIL ADDRESS:

CELL PHONE #1:

CELL PHONE #2:

ATHLETE REGISTRATION INFORMATION

ATHLETE #1:

D.O.B:

YEAR OF BIRTH: _____ CURRENT AGE: _____ GRADE for 2024/2025 School Year: _____

Is your athlete willing to be a crossover? (Rostered on more than 1 team) YES NO

Years of Cheerleading Experience: _____ Previous Levels Cheered: 1 2 3 4 5 6

Tumbling Skills Mastered: WALKOVERS HANDSPRINGS TUCKS LAYOUTS FULLS

ATHLETE #2:

D.O.B

YEAR OF BIRTH: _____ CURRENT AGE: _____ GRADE for 2024/2025 School Year: _____

Is your athlete willing to be a crossover? (Rostered on more than 1 team) YES NO

Years of Cheerleading Experience: _____ Previous Levels Cheered: 1 2 3 4 5 6

Tumbling Skills Mastered: WALKOVERS HANDSPRINGS TUCKS LAYOUTS FULLS

ATHLETE #3:

D.O.B:

YEAR OF BIRTH: _____ CURRENT AGE: _____ GRADE for 2024/2025 School Year: _____

Is your athlete willing to be a crossover? (Rostered on more than 1 team) YES NO

Years of Cheerleading Experience: _____ Previous Levels Cheered: 1 2 3 4 5 6

Tumbling Skills Mastered: WALKOVERS HANDSPRINGS TUCKS LAYOUTS FULLS

2024-2025

NJ PREMIER ALL STAR CHEER TRAINING CENTER WAIVER & RELEASE OF LIABILITY

In consideration of my child/children participating in all cheerleading activities with NJ PREMIER, an affiliate of gym facilities owned by NJ PREMIER ALL STAR CHEER TRAINING CENTER, LLC located at 165 Amboy Road Morganville, NJ 07751 (the "Gym"), I hereby authorize the staff at NJ PREMIER to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive any and all claims for personal injury, illness, and/or property damage against NJ PREMIER and its directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with NJ PREMIER.

I agree and understand that participation in cheerleading, tumbling, or any other activity that involves motion, rotation, and/or height, carries with it the risk of injury. I agree and understand that all medical expenses incurred will be the responsibility of the parent or guardian. In lieu of a medical certification signed by a medical doctor, I state that I have no knowledge of any physical injuries or impairment that would be affected by the named child's/children's participation in any program at NJ PREMIER.

NJ PREMIER cannot assume responsibility for children left unattended in the Gym. Parent/Guardian(s) are responsible for the conduct of their children at all times in the Gym. All children, attended or unattended, are expected to respect the Gym and the personal property and equipment located at the Gym and other patrons of the Gym. Under no circumstances does NJ PREMIER assume any liability for injuries, accidents or any mishaps, whatsoever, which may occur when a child is left unattended.

I also expressly grant NJ PREMIER the right to film, videotape, photograph, or record my child/children. I give NJ PREMIER the irrevocable right to use, display, digitally enhance and/or alter in any manner the film, videotape, photograph or record of my child/children and use in any promotional activities to include, but not limited to, broadcast, television, cable, motion picture, videotape, DVD, CD, or any published articles.

I agree and understand that jewelry is not to be worn during any class or practice while at the Gym. I also understand and agree that if asked to remove jewelry, I or the said athlete(s) will be responsible for the security of that/those items. NJ PREMIER shall NOT be responsible for items that are lost, stolen or damaged.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE ANY CLAIM AGAINST NJ PREMIER, FOR ANY INJURIES WHICH MY CHILD/CHILDREN MIGHT SUSTAIN WHILE PARTICIPATING IN ANY AND ALL ACTIVITIES THAT NJ PREMIER ALL STAR CHEER TRAINING CENTER HAS TO OFFER.

Rental

Class

Team

Privates

Parent E-Mail Address

1st Athlete's Name

2nd Athlete's Name

3rd Athlete's Name

Parent/Guardian Printed Name

DATE

PARENT / GUARDIAN SIGNATURE