



FLORIDA TRIPLE THREAT

TRYOUT PACKET

2018-2019

EARLY TRYOUTS: MAY 8TH BETWEEN 5-8PM

MAIN TRYOUTS: MAY 19, 2018

10am -12pm 11 and under

1-3pm 12 and up

4-5pm I-Open Level 5

5-6pm Open Coed 4

TRYOUTS PER RESERVATION

FRIDAY May 18. 3PM-9PM

\$50.00 per athlete

CLINICS

5/16 6-8 PM 12 AND UP

5/17 6-8PM 11 AND UNDER

Tryout Process

- ❖ Complete the packet and turn in to front desk with the registration money, prior to TRYOUT.
- ❖ Bring a photo copy of your birth certificate.
- ❖ Attend at least one clinic day. (You can also come to both).
- ❖ You can come anytime in your age time slot. 10 athletes will be taken at a time on a first come first served basis.
- ❖ Plan on tryouts taking at least 1 hour.
- ❖ Tryouts are closed to spectators.
- ❖ Receive your free t-shirt.
- ❖ Group placements announced Tuesday May 22ND. On Website under tryout tab.

PRIVATE Tryouts

Friday, May 18th from 3-7pm. All ages, all skill levels. Please call and make an appointment for a time slot. Follow the same procedures as above.

Late Tryouts

Can be scheduled until May 31,2017. The cost will be \$75.00. Local residents only, does not apply to our athletes moving in from other states.

Clinic Days

- ❖ Learn jumps, dance, and tumbling
- ❖ No cost, but must have turned in your Tryout packet and fee before attending.
- ❖ You may attend one or both days but one class is mandatory.
- ❖ No sign ups.

If you have any questions feel free to call or email:fla3threat@gmail.com

954-514-7250

This is our expectations for each level and how we determine placement on our teams.

LEVEL BREAKDOWNS

L1- (no experience necessary) will require a forward roll, bridge, bridge kick over, back walk over, front walk over, cartwheel, round-off.

L2 - Must have a standing back handspring, round-off back handspring and any specialty pass.

L3- WITHOUT A SPOT- standing multiple back handsprings, round-off back handspring back tuck and any specialty pass.

L4- WITHOUT A SPOT-standing tuck, round-off back handspring layout and any specialty pass.

L5®- WITHOUT A SPOT- multiple jumps to tuck, round off back handspring full, any specialty pass.

L5-WITHOUT A SPOT- standing handsprings to a full/double full and specialty passes to a full/double full.



2018-2019

Return

Cheerleader's Name _____ Age as of August 31, 2018 _____

Birthdate _____ School and grade for 2018 _____

Will you cheer any level? Yes No If no, which level/s are you trying out for? L1 L2 L3 L4 L5r L5

CHEER EXPERIENCE

WHERE	LEVEL	STUNT POSITION (CIRCLE ONE)
		NONE, FLY, BASE, BACK-SPOT
		NONE, FLY, BASE, BACK-SPOT

PLACE PICTURE

OF ATHLETE
HERE

MEDICAL INFORMATION

Do you have any allergies? Yes No

If yes, list medication and
treatment. _____

Are you currently on any medication? Yes No

If yes, list medication

Have you had any type of surgery in the past year?

Yes No

If yes,

describe _____

Have you had any type of head injury? Yes No

If yes,

describe _____

Do you have any chronic illnesses or injuries?

Yes No

Describe _____

Height _____

List any other information we may need here:



MEMBER INFORMATION FORM

(please print)

Return

Mother's Name

First _____ Last _____

Father's Name

First _____ Last _____

Phone Numbers

Mother's cell _____ Father's
Cell _____

Emergency Contact Name _____

Number: _____

Billing Address

Address: _____

City _____ State _____

Zip _____

Mother's Email _____

Father's Email _____

Insurance Information

Group

Number: _____

Insurance Carrier: _____ Policy

Number: _____



2018-2019

TEAM MOM FORM Return

Cheerleader Name _____

Street Address _____

City _____ State _____ County _____

Zip Code _____ BIRTHDATE _____

School _____ '18-'19 Grade _____

Medical Conditions/Allergies _____

CHEERLEADER Cell _____ Email _____

MOM Name _____ Cell _____

Mom Email _____

Dad Name _____ Cell _____

Dad Email _____

Please (*) the cell numbers that wish to receive team texts. This is very important during competition season. Please keep us updated with any changes.

Please circle athlete's sizes: (not uniform sizing- street clothes)

T shirt	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL									
Sports bra	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL									
Sliders/shorts	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL									
Jacket	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL									
Hoodies	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL									
Shoe size	Y	10	11	12	13	1	2	3	A	4	5	6	7	8	9	10	11	12

AUTHORIZATION, RELEASE AND OTHER BORING LEGAL STUFF:

Return

I AUTHORIZE FLORIDA TRIPLE THREAT ALL-STARS, LLC. AND ITS REPRESENTATIVES TO CONSENT TO MEDICAL TREATMENT FOR MY CHILD WHEN I CANNOT BE REACHED TO SO CONSENT. I ALSO GIVE FLORIDA TRIPLE THREAT ALL-STARS, LLC AND ITS REPRESENTATIVES CONSENT TO ADMINISTER THE NECESSARY EMERGENCY CARE TO STABILIZE AND/OR IMPROVE THE CURRENT INJURY OR CONDITION THAT MY CHILD MAY HAVE SUSTAINED DURING ACTIVITIES RELATED TO FLORIDA TRIPLE THREAT ALL-STARS,LLC INSTRUCTION, PRACTICES, OR PERFORMANCES. NO PRIOR DETERMINATION OF LIFE THREATENING EMERGENCY OR DANGER OF SERIOUS PERMANENT INJURY RESULTING FROM TREATMENT NEED BE MADE UNDER THIS AUTHORIZATION.

I AM FULLY AWARE THAT ANY ACTIVITY INVOLVING MOTION, HEIGHT, OR ATHLETIC ACTIVITIES CREATES THE POSSIBILITY OF SERIOUS INJURY, AND I FURTHER AGREE TO HOLD FLORIDA TRIPLE THREAT ALL-STARS,LLC AND ITS STAFF, OFFICERS, OR REPRESENTATIVES HARMLESS FOR ANY INJURY OR RESULTING EXPENSE(S). I RELEASE AND DISCHARGE ALL RIGHTS AND CLAIMS AGAINST FLORIDA TRIPLE THREAT ALL-STARS,LLC. AND ITS PARTIES. FLORIDA TRIPLE THREAT ALL-STARS,LLC. STRIVES TO PROVIDE A MAXIMUM IN SAFETY PROCEDURES AND GUIDELINES, AND CANNOT ASSUME RESPONSIBILITY FOR ANY ACCIDENTS, INJURY, OR ILLNESS THAT MAY OCCUR. FLORIDA TRIPLE THREAT ALL-STARS, LLC. HIGHLY RECOMMENDS THAT ALL ATHLETES HAVE THEIR OWN HEALTH INSURANCE COVERAGE TO HELP COVER THE COST OF ANY INJURY/ILLNESS.

I AUTHORIZE FLORIDA TRIPLE THREAT ALL-STARS,LLC. TO USE PHOTOGRAPHS, VIDEO, AND OR OTHER LIKENESSES OF MY CHILD FOR USE IN PROMOTIONAL MATERIALS OR SALES AND WAIVE ANY RIGHTS OF COMPENSATION OR OWNERSHIP THERETO.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FLORIDA TRIPLE THREAT ALL-STARS,LLC. FINANCIAL POLICIES(COPIES AVAILABLE AT FRONT DESK). I BELIEVE ALL THE INFORMATION ABOVE TO BE COMPLETE AND CORRECT.

PARENT/GUARDIAN

SIGNATURE _____ DATE: _____

ATHLETE OVER THE AGE OF 18 SIGNATURE _____ DATE:-----

Agreement to Participate and Parental Consent Form

Return

Student Athlete **COMPETITIVE CHEERLEADING**

I am aware that playing or practicing any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risk of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health, and well being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions.

In consideration of Florida Triple Threat, LLC permitting me to practice, play or try out for Florida Triple Threat, LLC competitive cheerleading team, and to engage in all activities related to the team, including practicing, playing and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Florida Triple Threat, LLC, (institution, their agents, servants, and employees, athletic staff of institution), the physicians and other practitioners of the healing arts treating me, from any and all kind of liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Florida Triple Threat, LLC (institution) competitive cheerleading.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and Florida Triple Threat, LLC (institution, its agents, servants, and employees, athletic staff of Florida Triple Threat, LLC), the physicians and other practitioners of the healing arts treating me and their agents, trustees, servants, and employees, in connection with my activities Florida Triple Threat, LLC (institution), to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

(For contact or collision sports)

I specifically acknowledge that competitive cheerleading is a VIOLENT CONTACT sport, **involving even a greater risk of injury than other sports.**

Parent/Guardian _____ Date _____
(Signature)

Parent /Guardian _____ Date _____
(Please Print)