

**TEAM PLACEMENT APPLICATION**

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ATHLETE’S FIRST NAME LAST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS CITY, STATE, AND ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL & GRADE PHONE EMAIL­­­

Fall 2023

Do you want to be accepted to a(n):

All-Star Elite All-Star Prep /Novice “Mavericks in Training”

Which level(s) are interested in being considered for?

 Level 1  Level 2  Level 3  Level 4  Level 5

*Please understand that you must be* ***true to your level,*** *and meet the requirements for the level, in order to be considered.*

**DESCRIBE ANY MEDICAL PROBLEMS OR INJURIES**

Please list to who the participant may be released in case of an emergency and the parents cannot be reached:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL# \_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL# \_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TREATMENT / PUBLICITY / LIABILITY RELEASE**

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Desert Elite Mavericks All-Star Cheerleading at their own risk and will not hold Desert Elite Mavericks coaches, staff, and/or instructors liable for any and all injuries that may occur while participating in the cheerleading. The undersigned does hereby grant Desert Elite Mavericks and its successors, the unrestricted right to use the undersigned’s name, likeness, or appearance on any cheerleading or dance camp posters, calendars, photographs, try-out flyers, video material, film material, computer software, computer hardware, electronic on-line services, or other similar promotional material in any form, content or medium to promote or market Desert Elite Mavericks program. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Desert Elite Mavericks All-Stars of the undersigned’s name, likeness or appearance.

(Participant if 18 or older) Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**ATHLETE SKILL LEVEL (*For Coaching Staff to complete*):**

TUMBLING 1 2 3 4 5

STANDING 1 2 3 4 5

RUNNING 1 2 3 4 5

STUNTS 1 2 3 4 5 BASE FLYER BACK

JUMPS 1 2 3 4 5

*NOTES:*