2023-2024

Team Member Packet

&

Team Placement Information

1703 Industrial Highway
Cinnaminson, NJ
(856) 829-9221
WWW.NJSECHEER.COM

WELCOME to SE

New Jersey Spirit Explosion would like to thank you for your interest in joining our family. We're excited to see everyone of you in person during our clinics and assessments. Cheerleading is only one aspect of being a member of the NJ Spirt Explosion family.

Confidence building, leadership, and teamwork skills are all part of the process. Recognizing that we are more powerful as a group than we are on our own. I think it's the realization that we're more than simply a gym: We're a family.

A list of expectations for each family has been produced by us to help them better grasp our expectations. Please take the time to read the entire package. Before your athlete is placed on a team, go over the following details with both your athlete and your family. Let's work together to improve your athlete's life and create memorable moments for the whole family!

We can't wait to have you join the NJ Spirit Explosion Family.
We sincerely hope that this packet has been useful to you and that it has answered any queries you may have had.
Thank you for your support and we hope to see you at EVALUATIONS!

NEW JERSEY SPIRIT EXPLOSION
CHEERLEADER INFORMATION FORM

ATHLETE INFORMATION

LAST NAME:_____ FIRST NAME: _____

D.O.B.: _____/_____/_____ AGE AS OF 12/31/2024: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE:_____

ATHLETE CELL#: _____

~ PLEASE PRINT CLEARLY ALL INFORMATION WILL BE SENT TO THIS EMAIL ADDRESS ~

EMAIL: _____@_____._____

PARENT INFORMATION

MOTHERS'S NAME: _____

WORK PHONE#: _____ CELL PHONE#: _____

FATHER'S NAME: _____

WORK PHONE#: _____ CELL PHONE #: _____

LIVING WITH: MOTHER ☐ FATHER ☐ BOTH ☐

INSURANCE INFORMATION

CARRIER:_____ POLICY #: _____

CARRIER PH#:_____ GROUP #:_____

PLEASE LIST ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

_____

EMERGENCY CONTACT IF PARENTS CAN NOT BE REACHED

NAME:_____ CELL PHONE#: _____

REGISTRATION PAID BY: CASH ☐ CC ☐ CHECK ☐

NJ SPIRIT EXPLOSION ALL-STARS 2024-2025

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of New Jersey Spirit Explosion, it's owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "NJSE"), I hereby agree to release, discharge, and hold harmless NJSE, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of NJSE pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks: Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without certain degree of risk, cheerleading Students would not improve their skill and the enjoyment of the sport would be diminished. Cheerleading and the gymnastics expose participants to the usual risk of cuts, bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions raises the possibilities of any manner of transportation accidents. In any event if you or your child is injured, medical assistance may be required which you must pay for yourself.
2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with NJSE-related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify NJSE from any and all liability, claims, demands, action or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in NJSE-related activities.
4. Should NJSE be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fee and costs.
5. I certify that my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the cost of such injury or damage to my child. I further certify that I am willing to assume and bear the cost of all risks that may arise or be created, directly or indirectly, through or my any such condition,
6. In the event that I file law suit against NJSE, I agree to do so in the State of New Jersey and I further agree that the substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws, rules thereof. I agree that if any portion of this agreement in found void or unenforceable, the remaining portion shall remain in full force and effect.
7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against NJSE on the basis of any claim from which I have released NJSE by signing this agreement.

I have had sufficient opportunity to read this entire document.
I have read it and understand it. I agree to be bound by its terms.

Signature of Parent/Guardian: _____ Print Name: _____Date: _____

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

In Consideration of _____(print minor's name) ("Minor") being permitted by NJSE to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold NJSE from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian: _____ Print Name: _____Date: _____

NJSE TRYOUT FORM

NAME:_____ DOB:_____/_____/_____

HAVE YOU CHEERED ALL STAR PREVIOUSLY YES ☐ NO ☐

GYM NAME (OPTIONAL): _____

ARE YOU TRYING OUT FOR ANY OTHER ALL STAR PROGRAM THIS SEASON?: YES ☐ NO ☐

WHAT AGE/LEVEL DID YOU COMPETE LAST SEASON?: _____

ARE YOU WILLING TO CHEER ON ANY NJSE TEAM REGARDLESS OF LEVEL?: YES ☐ NO ☐

IF NO, WHAT TEAM/LEVEL ARE YOU SPECIFICALLY TRYING OUT FOR?: _____

WOULD YOU LIKE TO CROSSOVER?: YES ☐ NO ☐

IF PLACE ON A WORLD'S TEAM, ARE YOU WILLING TO CROSSOVER AND COMPLETE AT BOTH THE SUMMIT AND AT WORLDS?: YES ☐ NO ☐

WHAT STUNT POSITON DO YOU HAVE EXPERIENCE WITH?: (MARK ALL THAT APPLY)

☐ MAIN BASE ☐ SIDE BASE ☐ BACKSPOT ☐ FLYER ☐ FRONT SPOT

WHAT IS THE HIGHEST LEVEL OF STUNTS YOU HAVE COMPETED?: (MARK ONLY ONE)

☐ LEVEL 1 ☐ LEVEL 2 ☐ LEVEL 3 ☐ LEVEL 4 ☐ LEVEL 5 ☐ LEVEL 6

WHAT IS THE HIGHEST LEVEL OF STANDING TUMBLING YOU HAVE COMPETED?: (MARK ONLY ONE)

☐ LEVEL 1 ☐ LEVEL 2 ☐ LEVEL 3 ☐ LEVEL 4 ☐ LEVEL 5 ☐ LEVEL 6

LIST STANDING TUMBLING SKILLS COMPETED:_____

WHAT IS THE HIGHEST LEVEL OF RUNNING TUMBLING YOU HAVE COMPETED: (MARK ONLY ONE)

☐ LEVEL 1 ☐ LEVEL 2 ☐ LEVEL 3 ☐ LEVEL 4 ☐ LEVEL 5 ☐ LEVEL 6

LIST RUNNING TUMBLING SKILLS COMPETED:_____

WHAT WOULD BE YOUR BEST CONTRIBUTION AS A TEAM MEMBER? _____

PLEASE LIST ANY PRE-INJURIES OR MEDICAL ISSUES: _____

Please check off the tumbling you can perform without a spotter and completed with perfect technique

LEVEL	STANDING TUMBLING	RUNNING TUMBLING
1	☐ Forward Roll ☐ Backward Roll ☐ Back Extension Roll ☐ Backbend ☐ Bridge Kick Over ☐ Back Walkover ☐ Back Walkover Leg Switch	☐ Cartwheel ☐ Front Walkover ☐ Round Off ☐ Connected Skills to a Walkover
2	☐ Back Handspring ☐ Back Handspring Step Out ☐ Back Walkover Back Handspring ☐ Back Walkover Leg Switch Back Handspring	☐ Cartwheel Back Handspring ☐ Round Off Back Handspring ☐ Round Off Back Handspring Series ☐ Front Walkover Round Off Back Handspring ☐ Front Handspring
3	☐ Back Handspring Series ☐ Jump Into Back Handspring ☐ Jump Into Back Handspring Series	☐ Ariel ☐ Punch Front ☐ Round Off Tuck ☐ Round Off Back Handspring Tuck ☐ Front Walkover Round Off Back Handspring Tuck
4	☐ Standing Back Tuck ☐ Back Handspring Back Tuck ☐ Back Handspring Series Back Tuck ☐ Jump Back Handspring Back Tuck	☐ Cartwheel Tuck ☐ Round Off Layout ☐ Round Off Back Handspring Layout ☐ Front Walkover Through to Layout ☐ Whip Through to Layout ☐ Punch Front Through to Layout
5	☐ Jump Back Tuck ☐ Back Handspring to Layout ☐ Back Whip Through to Layout	☐ Round Off Full ☐ Round Off Back Handspring Full ☐ Round/BHS Whip Through to Full ☐ Punch Front Through to Full
6	☐ Standing Full ☐ Back Handspring Full ☐ Back Handspring Series to Full ☐ Back Handspring Series Through to Double	☐ Cartwheel Full ☐ Whip Immediate Full ☐ Round Off Back Handspring Double ☐ Specialty to Double

NEW JERSEY SPIRIT EXPLOSION

CREDIT CARD AUTHORIZATION FORM

NAME ON CREDIT CARD:	
TYPE OF CREDIT CARD (CHECK ONE):	☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX
TYPE OF ACCOUNT:	☐ PERSONAL ☐ BUSINESS
BILLING ZIP CODE:	
PHONE #:	
EMAIL ADDRESS:	
CREDIT CARD #:	
EXP DATE:	
SECURITY CODE (BACK OF CARD):	
AUTHORIZED AMOUNT:	**$65**
ATHLETE NAME:	

I certify that I am the authorized holder and signer of the credit card reference above.
I acknowledge that all information above is complete and accurate.

The undersigned hereby authorizes collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. If additional charges are going to be authorized a new form will have to be completed.

Card Holder Signature:_____ Date:_____