

TRYOUT FORM

Athlete #

PARTICIPANT INFORMATION

Full Name _____ Date of Birth (MM/DD/YYYY) _____ Current Age (As of Aug. 31, 2020) _____
Address _____ City/Province _____ Postal Code _____
Home Phone _____ Cell Phone _____ Health Card Number _____

Please list any medical conditions or recent injuries that may affect your tryout performance

Positions trying out for: Base Backspot Flyer Tumbler

EMERGENCY CONTACTS

Full Name _____ Relationship _____ Cell Phone _____ Other Phone _____
Full Name _____ Relationship _____ Cell Phone _____ Other Phone _____

ADDITIONAL INFORMATION

- If eligible, I would like to be a crossover athlete.** Any athlete competing on more than one team will receive a 50% discount on the less expensive Cheer team's/teams' annual tuition(s) and 25% discount on the Dance team's annual tuition (excluding registration and uniform fee). Excludes Desire.
- I am including the \$10 tryout fee for returning athletes and \$15 for athletes new to Boss. Debit or credit only.
- I have read and understand ALL BOSS Athletics Policies. This includes the understanding of the mandatory requirement to be at all practices, camps, and competitions. I understand that I will be required to adhere to any future BOSS Athletics Policies that are issued.
- I understand that I may not miss more than 2 practices from June-August, 2 from September-December and I may not miss any practices from January to March unless of the case of an emergency.
- I have read and understand that all absences will require the approval of the office staff a minimum of 48 hours in advance and that I must email in an absence request form.
- I have read and understand that I may not privately message on any platform a coach or owner. I understand that if I wish to contact the gym or any employee at Boss Athletics, I must email the gym at info@boss-athletics.com.
- I have read and understand that I have read and understand all SCA policies and agree to abide by them.
- I have read and understand that if I get an injury during season, I am required to present a physiotherapist's note outlining the injury (with an expected return to training date) as well as continue to attend all practices.
- I have read and understand that there is a zero-tolerance for harassment and bullying at Boss Athletics and that
- I have read the Harassment Policy in its entirety and acknowledge its contents.
- I have read and understand the Release of Liability Policy.
- I have read and understand the Sportsmanship Policy. I understand that I must demonstrate leadership and be kind to all coaches, parents, athletes, officials, etc.
- I have read and understand the Travel policy. I understand that if I violate the Travel Policy on a trip that I will be sent home at my family's expense.
- My tuition will be paid in full by January 31st. I will not be permitted on any trips until I have zero balance. I have read and understand that Boss Athletics does not issue refunds.

Signature

TRYOUT FORM

LIABILITY RELEASE

I, undersigned parent or legal guardian of the above named minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to train at or participate in the event being conducted by BOSS Athletics. I understand and acknowledge that with this participation there is a risk of injury and that my daughter/son is assuming the risk of such injury. I understand that due to COVID-19, training may be delivered virtually.

I, on my own behalf as participant or on behalf of Minor, agree to release and to hold harmless BOSS Athletics, the club owners, Sienna Borland and Carley Weisbeck, and the representatives and employees of BOSS Athletics (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses including any claim arising out of or connected with any illness or injury that may incur or sustain during participation in the activity.

Printed Name

Signature

Date

APPEARANCE AGREEMENT

I understand that BOSS Athletics from time to time produces promotional material relating to its business. I understand that as participant and/or a spectator at the event/activity that I, or Minor may be included in videos or photographs taken during the event/activity. Therefore, I, on my own behalf or on behalf of Minor, hereby assign, transfer and grant BOSS Athletics the right to photograph and/or videotape me or Minor and to utilize such videotapes and photographs and as a part of the event/activity in advertising and promotions.

TRYOUT ASSESSMENT (COACHES ONLY!)

Evaluated Skills	Beginner	Good	Excellent	Comments
Stunting strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stunting versatility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dance precision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dance performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stamina and cardio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quick learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
