

ATHLETE NAME _____	ATHLETE EVALUATION # _____
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TEAM SELECTION CHECKLIST

NEW ALL-STAR	RETURNING ALL-STAR	CLASS MEMBER	REC CHEER MEMBER
CHECK	ITEMS TO BE COMPLETED		
	REGISTERED IN JACKRABBIT SYSTEM		
	CLIENT HAS ZERO BALANCE		
	ATHLETE INFORMATION FORM (ADMIN)		
	ATHLETE INFORMATION FORM (TEAM REP)		
	TERMS & CONDITIONS AGREEMENT		
	COMPETITIVE CHEERLEADING CONTRACT		
	ATHLETE EVALUATION SHEET		
	BIRTH CERTIFICATE (NEW ALL-STARS ONLY)		
	REGISTERED IN USASF (NEW ALL-STARS ONLY)		
	SIZED FOR PRACTICE WEAR *DATE: _____		

ADMIN SIGN-OFF		DATE: ____ / ____ / ____
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