

# OMNIELITE ATHLETIX



## All-Star Information

1426 BABBAGE LANE  
Indian Trail, NC 28079  
704-684-0100  
omnieliteathletix.net

**ALL-STAR ELITE/ Jr.Elite**

**2024-2025**

**Full Year Cheerleading**

**OMNIELITEATHLETIX@GMAIL.COM**

# CHAMPIONS MADE HERE

**Thank you for your interest In the Omni Elite Allstar Cheerleading Program! We are so excited that you are here and plan to join us on this amazing journey! We are dedicated to give 100% commitment to your child and their teams goal to be competitive, no matter what level. We will train both mental and physical components of our athletes. We will constantly assess their progression as the season goes on. We will encourage a positive atmosphere at all times, building strong character in our athletes.**

**Clinics, Evaluations and First day of practice:**

**Start date for clinics is May 14th, 2024**

**Date for evaluations is May 22nd, 2024.**

**Start date for practices is June 3rd, 2024.**

**Team reveal: Athletes will receive an email to reveal their team on 5/24/24**

# Omni Elite Athletix

# EVALUATION INFO

## Evaluation Process:

**\*\*Low-stress environment\*\***

Athletes will be asked to preform skills they've mastered.

They are given 3 attempts to show their most consistent unassisted skills.

\*Flyers will be asked to demonstrate body positions on the floor.

\*Tryouts are CLOSED to all viewing.

## EVALUATION SESSIONS:

- Clinics will be held Monday May 14th - Tuesday, May 21st.
- Evaluations for all levels will be Wednesday, May 22nd.  
Time TBD
- Team Reveal will be 5/24/2024

REGISTER ONLINE.

Step 1: Go to [omnieliteathletix.net](https://omnieliteathletix.net)

Step 2: Create an account  
(if a new member)

Step 3: Register under "events"

FEE:

\$80 until May 6th, includes all clinics

(waived for current All-Star Cheerleaders)

\$95 after May 6th

# Evaluation

# SCHEDULE

**TUESDAY**

**May 14th 2024**

5-6pm Level 3 standing tumble  
MUST HAVE 2 STANDING MULTIPLES  
6-7pm Level 4-6 standing tumble  
MUST HAVE 3 STANDING MULTIPLES &  
LEVEL 3 SPECIALTY

**WEDNESDAY**

**May 15th 2024**

5-6pm Level 1 tumble  
BEGINNER TO BACK WALKOVERS &  
BEGINNING BACK HANDSPRINGS  
6-7pm Level 2 tumble  
MUST HAVE A BACK HANDSPRING TO ATTEND

**THURSDAY**

**May 16th 2024**

5-6pm 11 and under  
Choreography  
6-7pm 12 and up  
Choreography

**SATURDAY**

**May 18th 2024**

10-11am Stretch and Flex  
ALL LEVELS  
11-12pm Jumps  
ALL LEVELS  
12-1pm OPEN GYM

**MONDAY**

**May 20th 2024**

5-6pm Level 1&2 Stunt  
COME TO YOUR CURRENT LEVEL  
6-7pm Level 3 Stunt  
COME TO YOUR CURRENT LEVEL

**TUESDAY**

**May 21st 2024**

5-6pm Level 4 & up Stunt  
COME TO YOUR CURRENT LEVEL  
6-7pm Level 4-6 running tumble  
MUST HAVE 3 STANDING MULTIPLES &  
LEVEL 3 SPECIALTY

**WEDNESDAY**

**May 22nd 2024**

5-6pm Evaluations  
11 and under  
6:30-7:30pm Evaluations  
12 and up

**THURSDAY**

**May 23rd 2024**

5:30-6pm Strength and Conditioning  
6-7pm Flyer Class

# MINI ELITE

# ATHLETIX

**Coaches will be evaluating all athletes during each clinic**

**Stunting clinics are for all positions**

**All clinics are mandatory to place athletes on a level appropriate team**

**\* Team Reveal will be Friday May 23rd by 10pm via email, and on social media (Facebook & Instagram) with athletes numbers\***

# Due on the 1st day of Evaluation Clinics

# ATHLETE INFORMATION

Communication is very important at Omni Elite Athletix. To help us keep in touch with you, please fill out the form below and turn in on your 1st day of EVALUATIONS along with the participation waiver. Your information will be kept strictly confidential.

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ATHLETE NAME

---

PARENT NAME

---

BIRTHDATE

---

AGE AS OF DEC. 31ST, 2024

---

PARENT PHONE NUMBER

---

PARENT EMAIL

---

Willing to be a crossover? (Y/N)

## **SIZES:**

- T-SHIRT:
- JACKET:
- SHORTS:
- HOODIE:
- SPORTS BRA:

## **EVALUATION CHECKLIST:**

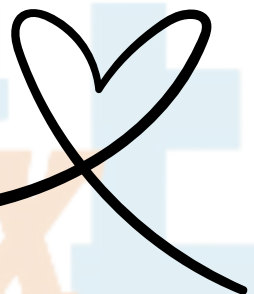
### **ALL DUE BY MAY 14TH**

- Athlete Information Sheet
- Participation Waiver
- Concussion Signature Page

## **PACKET CHECKLIST:**

### **ALL DUE BY JUNE 3RD**

- Birth Certificate
- Parent/ Athlete Handbook signature page
- Updated Physical



# Due on the 1st day of Evaluation Clinics

## Omni Elite Athletix Participant Release and Waiver Form

Every participant must have a completed and signed release form to turn in on the first day of practice, camp, class, or event.

Minor Name		Parent/Guardian Name	
Minor Birthdate		Email Address	
Parent/ Guardian Name		Phone Number	
School/Group		Address	

**Liability Release:** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged,

I \_\_\_\_\_, as a parent or legal guardian of \_\_\_\_\_, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above practice, class, camp or event to be conducted by Omni Elite Athletix, LLC or Omni Elite Foundation. I, in my own behalf and/or on behalf of the Minor, further agree to release and to hold harmless Omni Elite Athletix, LLC, Omni Elite Foundation and Corporate Sponsors (hereinafter "Sponsors"), Housing Sites (Omni Elite Athletix gym, university, hotel, convention center, high school) on whose premise the practice, camp, class or event will occur (hereinafter "Location") the affiliates of Omni Elite Athletix, LLC or Omni Elite Foundation, the location and the respective directors, officers, representatives, members, agents, and employees of Omni Elite Athletix, LLC, Omni Elite Foundation, sponsors, the location and their respective affiliates (hereinafter collectively "Releases") from any and all liability, whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expense (including, without limitations, attorney's fees and costs) arising out of or connected with any activity or event, including any claim arising out of or connected to any illness or injury (minimal, serious, catastrophic, and/or death) the Participant and/or a Minor may incur or sustain during a practice, class, camp, or event and all activities associated while traveling to and from the site whether or not the activity or event actually occurs. I further expressly agree to indemnify and hold harmless Releases and Releases' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by the Participant or Minor or by any other persons on the account of damages of any character resulting to Participant or Minor in anyway from the forgoing activities. I further agree to reimburse and make good to Release any loss of costs Releases may have to pay as a result of such action, claim or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its content. I am aware that this Liability Release releases Releases from liability and contains an acknowledgement of my voluntary knowing assumption of risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Practice, Class, Camp or Event will occur. I have signed this document voluntarily and of my own free will.

**Medical Release:** I, in my own behalf as participant and/or on behalf of the Minor, acknowledge and agree that such participation subjects Minor and/or Participant to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf of Participant and/or on behalf of the Minor, acknowledge that the participant or minor is assuming such risk of illness, or injury by participating in the practice, class, camp or event. In the event of such illness or injury, I authorize Omni Elite Athletix, LLC and Omni Elite Foundation to obtain necessary medical treatment of Minor and hereby, on my own behalf and/or on behalf of the Minor, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the myself (the Participant) or Minor for any illness or injury that the Participant or Minor may sustain during the Practice, Class, Camp or Event and while traveling to and from the site for the Practice, Class, Camp or Event whether any of them actually occur. Participant and/or Parent/ Guardian of Minor hereby releases any liabilities, claims, cost and damages that arise or may hereafter arise on account of any first aid medical treatment or service rendered to Minor or Participant in connection with the activity. Minor or Participant will take for herself or himself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating and pre-existing health conditions, or insect, food, or medication allergies. I will not hold Omni Elite Athletix or its agents liable if my child or any family member contracts any disease such as but not limited to flu, viral infections, coronavirus, staph infections, lice, etc.

**Photo Release:** For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby grant Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation permission to use My Child's likeness in a photograph in any and all of its publications and social media, including but not limited to all of Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation's printed and digital publications. I understand and agree that any photograph using my child or my likeness will become property of Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation and will not be returned. I acknowledge that since my participation with Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation is voluntary, I will receive no financial compensation. NO athlete is allowed to text a coach directly or follow a coach on Social Media. The same applies to Omni Elite Athletix Coaches. Coaches will not text an athlete directly, through social media or follow an athlete on social media. Communication will be handled through the Gym's Band App or Omni Elite Athletix social media pages only. I hereby irrevocably authorize Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein My Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising out of, or related to, the use of the photograph. I hereby hold harmless and release and forever discharge Omni Elite Athletix-All Star Cheerleading and Tumbling and/or Omni Elite Foundation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**Gym Rules:** Individuals (Including current, former and Omni Elite Student-Athletes, Non Omni Elite Coaches or Non Omni Elite Employees) should not under any circumstance use any equipment (other than the 1 designated spring floor) including but not limited to the Tumble Track, Barrels, Wedges, Bars, Beams, Panel Mats, etc without direct supervision of an agent, administrator, employee, coach or director of Omni Elite Athletix, LLC. Parents of student athletes are not permitted in the Omni Elite Athletix Gym area for any reason unless directly invited in by an agent, administrator, employee, coach or director of Omni Elite Athletix, LLC.

**Other:** This release shall be binding and legally enforceable against Participant and/or Parent or Guardian of the Minor and Participant's and Parent or Guardian's heirs, executors, administrators, and legal representatives. This release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release.

I, on my own behalf as a Participant and/or on behalf of the Minor, warrant that I have read this Participant Release and Waiver form in its entirety and fully understand its contents. I, in my own behalf and/or on behalf of the Minor, am aware that this Participant Release and waiver form releases Releases from liability and contains acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and/or on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Practice, Class, Camp or Event will occur. I, on my own behalf and/or on behalf of the Minor, have signed this document voluntarily and of my own free will. Signature of Participant (over age of 18) or Parent or Legal Guardian of Minor :

X \_\_\_\_\_ Date: \_\_\_\_\_

# Parent/Athlete

## Concussion Information & Awareness Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious.

You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents and coaches include:</b>
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can't recall events prior to hit</li> <li>• Can't recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

# Due on the 1st day of Evaluation Clinics

## What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

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## **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

**and** "...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion.

Remember, it's better to miss ~~one game than miss the whole season.~~ **When in doubt, the athlete sits out.**

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed

Student-athlete Signature

Date

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Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Once you have registered for evaluations online, your information sheet, participation waiver and concussion sheet is turned in, your child will be able to begin clinics.

Deadline for the following documents to be turned in is June 3rd or 1st practice. Parent/Athlete meetings will be held at the beginning of the 1st practice.

- **Current Physical**  
(form attached)
- **Birth Certificate**
- **Parent/ Athlete Handbook**  
(See link at the top of the packet)
- **Vacation Form**  
(form attached)

Please download the BAND app to your phone. This is how we will communicate with you throughout the season. Important team events and notices will be posted here. Once your child's team is announced you will be invited to their team band.

All-star cheerleading is a full year sport. The skills our athletes learn as a team during the summer prepares them for their competition season. Competitions will begin in November and it is imperative that summer practices and camps are attended for the team to be successful. Attendance is throughout the season is very important.



**PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)**

**HISTORY FORM**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date form completed: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_

How do you identify your gender (optional)? (F, M, non-binary, or another gender):

Have you had COVID-19? (optional; check one):  Y  N

Have you been immunized for COVID-19? (optional; check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_

List past and current medical conditions.

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

Not at all   Several days   Over half the days   Nearly every day

Feeling nervous, anxious, or on edge 0 1 2 3

Not being able to stop or control worrying 0 1 2 3

Little interest or pleasure in doing things 0 1 2 3

Feeling down, depressed, or hopeless 0 1 2 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family <b>Unsure</b> have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)			
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special diet or do you avoid certain types of foods or food groups?			
28. Have you ever had an eating disorder?			
MENSTRUAL QUESTIONS (optional)N/A			
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete:

Signature of parent or guardian:

Date: \_\_\_\_\_

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## ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance? •Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance •Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		hyperlaxity,
Eyes, ears, nose, and throat •Pupils equal •Hearing		
Lymph nodes		
Heart •Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin •Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional •Double-leg squat test, single-leg squat test, and box drop or step drop test		

Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): Date of exam: \_\_\_\_\_

Address: Phone: \_\_\_\_\_

Signature of health care professional: , MD, DO, NP, or PA \_\_\_\_\_



■ PREPARTICIPATION PHYSICAL EVALUATION  
**MEDICAL ELIGIBILITY FORM**

Name: Date of birth: \_\_\_\_\_

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

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

Medically eligible for certain sports

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

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: \_\_\_\_\_

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

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_

Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_

, MD, DO, NP, or PA

**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

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

Medications: \_\_\_\_\_

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

Other information: \_\_\_\_\_

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

Emergency contacts: \_\_\_\_\_

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

# ELITE LEVELS 1-6

# FINANCIAL *Commitment*

## **\$2160 Tuition- Split over 12 months**

(\$180 per month, June-May 2024)

5 hrs. per week - 2 Cheer practices and 1 tumbling class

**REQUIRED ADDITIONAL FEES NOT INCLUDED IN MONTHLY TUITION**

<b>Annual Registration Fee</b>	<b>\$75 Individ./\$125 Max</b>
<b>Acceptance &amp; Practice Wear</b>	<b>\$180 due at</b>
<b>Competition Fees**</b>	<b><del>\$180</del> payments split over 6 mos</b>
<b>Choreography</b>	<b>\$450 est. Half due 6/1 &amp; 7/1</b>
<b>Uniform (NEW)**</b>	<b>\$625 est. 1/2 due 6/15/23</b>
<b>USASF**</b>	<b>\$49</b>

ESTIMATED CAMP DATES: JUNE 10-25TH, JULY 8TH-22ND.

EACH TEAM WILL HAVE 2-3 DAYS OF MANDATORY CHOREOGRAPHY AND STUNT CAMPS.

WE ARE HOPING TO SECURE ONE CAMP IN JUNE (STUNTS AND PYRAMID)

AND ONE CAMP IN JULY (ROUTINE CHOREOGRAPHY FOR EACH TEAM.

## **ADDITIONAL FEES (NOT IN MONTHLY TUITION)**

### **CROSSOVER FEES (2 TEAMS)**

**Additional Competition Fees (\$600 est.)**

### **ADDITIONAL CLASSES**

#### **TUMBLING**

**(1 TUMBLE CLASS INCLUDED; ADDITIONAL TUMBLE CLASS \$30)**

**STRETCH AND FLEX CLASSES -\$30/MONTH**

**\*\*FEES LISTED ABOVE ARE ESTIMATED UNTIL JUNE\*\***

**\*Tuition can be paid in full (5% discount) by June 5th.**

**\*Competition fees split in 6 equal installments July-December;**

**Crossover Fees 4 installments January-April**

**\*End Of Season Events (All Star Worlds, The Open, D2 Summit, & Worlds)  
are NOT included into competition fees.**

# JR. ELITE LEVELS 1-2

# FINANCIAL *Commitment*

**\$2160 Tuition- Split over 12 months**

**(\$180 per month, June-May 2024)**

5 hrs. per week - 2 Cheer practices and 1 tumbling class

## **REQUIRED ADDITIONAL FEES NOT INCLUDED IN MONTHLY TUITION**

<b>Annual Registration Fee</b>	<b>\$75 Individ./\$125 Max</b>
<b>Acceptance &amp; Practice Wear</b>	<b>\$180 due at placement</b>
<b>Competition Fees**</b>	<b>\$1200 est. split over 6 mos</b>
<b>Uniform (NEW)**</b>	<b>\$625 est. 1/2 due 6/15/23</b>
<b>USASF**</b>	<b>\$49</b>

## **ADDITIONAL FEES (NOT IN MONTHLY TUITION)**

### **CROSSOVER FEES (2 TEAMS):**

**Additional Competition Fees (\$500 est.)**

### **ADDITIONAL CLASSES**

#### **TUMBLING**

**(1 TUMBLE CLASS INCLUDED; ADDITIONAL TUMBLE CLASS \$30)**

**STRETCH AND FLEX CLASS -\$30/MONTH**

**\*\*FEES LISTED ABOVE ARE ESTIMATED UNTIL JUNE\*\***

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**\*Tuition can be paid in full (5% discount) by June 5th.**

**\*Competition fees split in 6 equal installments July-December;  
Crossover Fees 4 installments January-April**

At Omni Elite we want your child to be challenged and successful in a safe environment.

We place all of our athletes to ensure team success throughout the season.



Stunting and tumbling are a huge part of our scoresheet. We evaluate each athlete's skills in BOTH tumble and stunting when being considered for a certain level.

**TRUST THE PROCESS**

# Tumble Progression

Tumbling Progression Evaluation

**LEVEL 1**

- Forward Roll
- Backwards Roll
- Handstand Forward Roll
- Cartwheel
- Cartwheel Back Walkover
- Round Off
- Handstand to Bridge
- Backbend Kickover
- Back Walkover
- Front Walkover

**LEVEL 2**

- Standing Back Handspring
- Back Handspring Step Out
- RO Back Handspring
- RO BSHP Step out
- Front Walkover RO Back Handspring
- RO x3 Back Handsprings
- Front Handspring
- T-Jump BHSP

**LEVEL 3**

- Standing 3 Back Handsprings
- Toe Touch 3 Back Handsprings
- Roundoff Handspring Tuck
- Roundoff Tuck
- Front Tuck
- Front Walkover Roundoff BHSP Tuck
- Aerial

**LEVEL 4**

- Standing 3,2,1 BHSP to Tuck
- Standing Tuck
- Roundoff BHSP to Layout
- Punch Front RO BHSP Tuck and Layout
- Back walkover to tuck
- Cartwheel Tuck
- Whip through to Layout
- Round-off whip tuck
- Toe-Touch BHS Tuck

**LEVEL 5**

- Jumps To Tuck
- Standing 3,2,1 BHSP to Layout
- Jumps to BHSP Layout
- Standing BHSP Whip through Layout
- Arabian
- Roundoff BHSP Full
- FWO through to Full
- Puch Front SO to Full
- Whip through to Full
- Front HSP Front Punch to Full

**LEVEL 6**

- Standing full
- Jumps to Full
- Standing BHSP to Full
- Standing BHSP Whip Punch Full
- RO BHSP To Double Full
- 3 & 2 to Double Full
- Elite combos to Double Full
- Elite Standing to Double Full

**NOTES:**

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# OMNIELITE ATHLETIX

# Omni Team



## ANGIE DEHART ROSE

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OMNIELITEATHLETIX@GMAIL.COM

## BRIAN ROSE

EXECUTIVE TUMBLING DIRECTOR  
EMT

## IVY SUDER

TUMBLING & ALLSTAR COACH  
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## MARISA BOWLES

TUMBLING INSTRUCTOR  
FRONT OFFICE COORDINATOR  
OMNI ELITE FOUNDATION  
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## EMILY BIRD

TUMBLING & ALLSTAR COACH  
CAMP COORDINATOR  
SOCIAL MEDIA

## NIKKI COOK

TUMBLING AND ALLSTAR COACH

## BAILEY TURNER

ASSISSTANT GYM DIRECTOR  
ALLSTAR & TUMBLING COACH

## KELSEY SMITH

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## LINNEA WATT

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## LEXI MARPLE

TUMBLING & ALLSTAR COACH  
SOCIAL MEDIA

## KAYLA WALLACE

TUMBLING & ALLSTAR COACH  
SOCIAL MEDIA

## MELISSA CALDWELL

TUMBLING & ALLSTAR COACH

## NIKI HARLOW

STRETCH AND FLEXIBILITY COACH

# VACATION CALENDAR 2024-2025

**Due on the 1st day of Team Practice**

*Please list any vacations below:*

June 2024

July 2024

August 2024

Other dates in 2024/25

# *Our* Philosophy

Our Commitment is to our  
PROGRAM, TEAM and OUR  
ATHLETES

## OUR *Mission*

Our mission is to personally grow and train athletes to become champions. We will do this by teaching the core fundamentals of physical fitness, conditioning and character building. The integrity of our company is of the utmost importance. We will strive as individuals to teach and instruct our athletes with kind hearts, setting realistic goals to help each and every athlete to reach their highest potential.

# #OMNISTRONG

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FAMILY ENVIROMENT GYM

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