

2024 SIDELINE/TIMEOUT JR HIGH/MIDDLE - FREESTYLE

You choose your best sideline timeout material that must include at least two of the following (Dance, Cheer, Stunts, Tumbling). It may include all four if you so choose. This is a category meant to be fun where you put your best crowd-leading and entertaining material on the floor. Judges will award points in all captions.

CLASS _____ DESIGNATION _____ SCHOOL _____
 LEVEL _____

Denotes Superior Performance

Total Team Members = _____

		Scoring Categories	Rating	TOTALS	
CHOREOGRAPHY	<input type="checkbox"/> Continuity <input type="checkbox"/> Creativity <input type="checkbox"/> Level Changes <input type="checkbox"/> Routine Flow <input type="checkbox"/> Variety <input type="checkbox"/> Transitions <input type="checkbox"/> Musical Interpretation <input type="checkbox"/> Dynamics <input type="checkbox"/> Combinations <input type="checkbox"/> Visual Effects <input type="checkbox"/> Originality <input type="checkbox"/> Continuity of Genres <input type="checkbox"/> Variety of Technical Movements associated with the genres performed	Superior 22 – 25 Excellent 18 – 21 Outstanding 13 – 17 Below 0 – 12		25	
	<i>Comments:</i>				
DIFFICULTY	<input type="checkbox"/> Difficulty of Stunts if applicable <input type="checkbox"/> Difficulty of Tumbling if applicable <input type="checkbox"/> Difficulty of Dance if applicable <input type="checkbox"/> Difficulty of Cheers if applicable	Superior 22 – 25 Excellent 18 – 21 Outstanding 13 – 17 Below 0 – 12		25	
	<i>Comments:</i>				
EXECUTION	<input type="checkbox"/> Precision <input type="checkbox"/> Sharpness <input type="checkbox"/> Transitions <input type="checkbox"/> Timing/Unison <input type="checkbox"/> Completion of Moves <input type="checkbox"/> Spacing <input type="checkbox"/> Technique <input type="checkbox"/> Squad Unity <input type="checkbox"/> Pom work if applicable <input type="checkbox"/> Movements: head hands arms torso legs footwork	Superior 22 – 25 Excellent 18 – 21 Outstanding 13 – 17 Below 0 – 12		25	
	<i>Comments:</i>				
CROWDLEADING OVERALL IMPRESSION	<input type="checkbox"/> Visual Effects <input type="checkbox"/> Eye Contact/Confidence <input type="checkbox"/> Audience Appeal <input type="checkbox"/> Use of Squad <input type="checkbox"/> Posture/Projection <input type="checkbox"/> Flow of Transitions <input type="checkbox"/> Facial Expressions <input type="checkbox"/> Energy <input type="checkbox"/> Use of Floor <input type="checkbox"/> Voice Projection/Pitch if applicable <input type="checkbox"/> Incorporation of Specialities	Superior 22 – 25 Excellent 18 – 21 Outstanding 13 – 17 Below 0 – 12		25	
	<i>Comments:</i>				
Judge's Signature _____		Judge <input type="checkbox"/>			
Tabulator's Initials _____		SC/SB <input type="checkbox"/>	SUB SCORE	0	