



Step Ahead of South Florida, Inc., est. 1996
South Florida's Premiere All-Star Cheer Training Facility
National Champions Since 1998

Participant Skills Information for Evaluations

(Please read carefully and fill in the information requested in the top section. The bottom section is for instructor use only.)
PLEASE DO NOT STAPLE THIS FORM INTO THE PACKET. TURN IN SEPARATELY.

Name of Participant: _____ Date of Birth: _____ Age: _____ (as of December 2021)

1. Have you cheered before? Yes/No. If Yes, please list location(s), years of experience, and circle all positions that apply.
 Location: _____ Year(s) _____ Position: Main Back Side Flyer
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2. Please list any other experience you may have in Tumbling, Gymnastics, and / or Dance: _____

3. What is your current tumbling level, *without assistance*? _____ (Please use the chart below to determine level)
 Ex: Level 2 includes mastery of ALL of the level 2 skills, standing and running, performed safely and consistently **without** a spot.

All levels are based on the USASF guidelines for all-star cheerleading

LEVELS	STANDING TUMBLING	RUNNING TUMBLING
1	forward/backward roll, back bend kick over, front/back walkover	cartwheel, round off
2	back handspring (bhs), back walkover bhs	round off bhs, round off bhs series
3	toe touch bhs, bhs series	round off tuck, round off bhs tuck
4	tuck, bhs tuck	round off bhs layout
5	toe touch tuck, bhs series to full	round off bhs full

4. Additional Information: Siblings being evaluated? Name _____ Age _____ Name _____ Age _____

5. Are you interested in being a double-teamer? _____

Please list any other conditions that may apply to your acceptance to our program. (Ex: Any other extra-curricular activity that would be a priority over your all- star training schedule and for which you may ask to be excused during the season.) _____

(For Instructor Use Only)

Tumbling: (Highest level skills performed without a spot)

LEVEL Please list the skills performed safely, consistently, and without assistance.

Standing: _____ Skills Performed: _____
 Running: _____ Skills Performed: _____

Jumps: (Circle the jumps performed and rate as to technical execution, from 1 to 5, with 1 being "attempted" and 5 being "mastery")

Toe-Touch 1 2 3 4 5 Pike 1 2 3 4 5 Front Hurdler 1 2 3 4 5
 Multiple, Consecutive Jumps: YES NO List Jumps: _____ Rating: 1 2 3 4 5

Jumps to Tumbling: TT/BHS 1 2 3 4 5 TT/Tuck 1 2 3 4 5
 Multiple Jumps to Tumbling: YES NO List: _____

Stunting:
 Position: Main Side Back Flyer

Highest Level: _____ List 2 skills performed: _____

Coach: _____ Section(s) Evaluated: _____ Comments: _____

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