

Tryout Information Form

Athlete Name:	Age As of August 31, 2019 _____ Date of Birth ____/____/____	Nickname
Email (tryout results will be sent here) PLEASE PRINT:		
Please Circle the type of team the athlete is trying out for: a. Competition Team b. Competition Prep Team c. Show Team (Non-Competitive)		
1. Has the athlete ever been on a competitive all-star team? ____ Yes ____ No (If answered no proceed to question 6)		
2. What s the name of your most recent All-Star gym _____ Year _____		
3. What level did the athlete last compete? ____ 1 ____ 2 ____ 3 ____ 4.2 ____ 4 ____ Restricted 5 ____ 5		
4. Circle the athlete's stunt position? Flyer Front Spot Main Base Side Base Backspot		
5. How does the athlete feel they will best benefit their team? (Circle all that apply) Leadership Work Ethic Stunting Tumbling Jumping Performance Dance		
6. Please list all planned summer activities (with dates if possible) that will cause you to miss summer practice. If you do not have information at this time please send to Coach Rachael		
7. Additional Comments (Please include here if you are trying out for a certain team):		