

TRYOUT INFORMATION FORM

Athlete Name:	BIRTH YEAR _____ 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. Novice (Exhibition)		
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 ____ 5 ____ 6		
4. Check the athlete's stunt position? Flyer <input type="checkbox"/> Front Spot <input type="checkbox"/> Main Base <input type="checkbox"/> Side Base <input type="checkbox"/> Backspot <input type="checkbox"/>		
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):		