

# Tryout Information Form

Athlete Name:	Age as of August 31, 2018:	Nickname:
<b>Email (Tryout results will be sent here)</b> PLEASE PRINT:		
<b>Please Circle type of team the athlete is tryout out for:</b> a) Competition Team b) Competition Prep Team c) Show Team (Non-Competitive)		
<b>1. Has the athlete ever been on a competitive all-star team?</b> <input type="radio"/> Yes <input type="radio"/> No <i>(If answered no proceed to Question 6)</i>		
<b>2. What is the name of your most recent All-Star gym?</b>	<b>Year:</b>	
<b>3. What level did the athlete last compete?</b> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4.2 <input type="radio"/> 4 <input type="radio"/> Restricted 5 <input type="radio"/> 5		
<b>4. Please circle the athlete's stunt position?</b> Front Spot    Main Base    Side Base    Backspot    Flyer		
<b>5. How does the athlete feel they will best benefit their team: (Circle all that apply)</b> Leadership    Work Ethic    Stunting    Tumbling    Jumping    Performance    Dancing		
<b>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 ASAP</b>		
<b>7. Additional Comments (Please include here if you are trying out for a certain team):</b>		

**THIS SIDE IS FOR STAFF USE ONLY**

Age Division	Stunt Position	Stunt Level	Level(s)
Running			
Standing			
Jumps			
Motions			
Other			