



COACH USE ONLY:

TRYOUT NUMBER

SHOCKWAVE ALLSTARS TRYOUT FORM

Athlete's Name _____

Address _____

City _____ **State** _____ **zip** _____

Parent Email Address _____

Parent Cell _____ - _____ - _____

Athlete Cell _____ - _____ - _____ (if applicable)

Athlete's Date of Birth _____

Age on August 31st 2018 _____

Is there a day of the week you absolutely CANNOT practice?

If yes, please specify _____

Are you in town during the summer? _____

Have you cheered before?

Yes _____ No _____

**If yes, what position
(circle one) –**

Base Flyer Backspot

If yes, where?

**Do you want to be on a second
team?**

Yes _____ No _____

IF YOU HAVE CHEERED BEFORE, WHAT LEVEL DO YOU THINK YOU SHOULD MAKE THIS SEASON? (circle one)

1 2 3 4 R5 5 6

Why? (I.e., what solid skills do you have?) _____

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Jumps: _____ **Dance:** _____ **Performance:** _____

Standing Tumbling: _____

Skills: _____

Running Tumbling: _____

Skills: _____

*Team placement is based solely upon the discretion of Shockwave Allstars.

Athletes will be assigned to teams based upon age, skill level, attitude, determination, commitment, and the needs of each particular team. Teams will be formed so that each team has the best possible chance of being highly competitive this season.