

Top Gun All Stars Fast Pass Form

Name _____

Team _____

Age as of August 31, 2019 _____

Position (Circle One)

Flyer Main Base Side Base Back Spot
Front Spot Tumbler

I, _____, understand
my athlete, _____, will be placed
on the same level team as the 2018-2019
season. The age group he/she is placed in
may or may not change.

For Office Use Only:

Balance Paid in Full _____ (initial here)

Tumbling Skills Verified _____ (initial here)

Coaches Suggestion:

Approved _____

Not Approved _____

All Star Director's Signature

****FORM MUST BE COMPLETED AND TURNED IN
NO LATER THAN Monday, May 13, 2019****

FAST PASS EVALUATIONS

Athlete Name _____

Age on 8/31/19 _____

Please put a check mark **IN THE CIRCLES ONLY** for skills you can currently complete safely, consistently, with good technique, and **WITHOUT A SPOTTER**.

	<u>Beginner</u>	<u>Intermediate</u>	<u>Advanced</u>
LEVEL 1	<input type="checkbox"/> Forward Roll <input type="checkbox"/> Backward Roll <input type="checkbox"/> Cartwheel <input type="checkbox"/> Round Off <input type="checkbox"/> Bridge Kick Over	<input type="checkbox"/> Jumps to Forward Roll <input type="checkbox"/> Jumps to Backward Roll <input type="checkbox"/> Handstand Forward Roll <input type="checkbox"/> Front Limber <input type="checkbox"/> Back Walkover	<input type="checkbox"/> Back Extension Roll <input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Walkover Series <input type="checkbox"/> Back Limber <input type="checkbox"/> Specialty Series
LEVEL 2	<input type="checkbox"/> Standing BHS <input type="checkbox"/> Jumps pause BHS <input type="checkbox"/> BHS pause BHS <input type="checkbox"/> Round Off BHS <input type="checkbox"/> Front Handspring	<input type="checkbox"/> Straight Jump BHS <input type="checkbox"/> BWO BHS <input type="checkbox"/> RO BHS Series	<input type="checkbox"/> FWO RO BHS Series <input type="checkbox"/> Specialty Series
LEVEL 3	<input type="checkbox"/> Standing 3 BHS <input type="checkbox"/> Jumps to Multiple BHS <input type="checkbox"/> RO Tuck <input type="checkbox"/> RO BHS Tuck	<input type="checkbox"/> Aerial <input type="checkbox"/> Aerial pause RO BHS Tuck <input type="checkbox"/> FWO RO BHS Tuck <input type="checkbox"/> RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front	<input type="checkbox"/> Standing BHS Step Out RO BHS Tuck <input type="checkbox"/> Jump BHS Jump BHS <input type="checkbox"/> Jump BHS Step Out RO BHS Tuck <input type="checkbox"/> FWO RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front FR RO BHS Tuck
LEVEL 4	<input type="checkbox"/> Standing Tuck <input type="checkbox"/> Standing BHS Tuck <input type="checkbox"/> Jump to BHS Tuck <input type="checkbox"/> RO BHS Layout	<input type="checkbox"/> 3 Jumps to BHS Tuck <input type="checkbox"/> 3 Jumps pause Tuck <input type="checkbox"/> FWO RO BHS Layout	<input type="checkbox"/> Punch Front RO BHS Layout <input type="checkbox"/> RO Whip BHS Layout <input type="checkbox"/> RO Whip Punch Layout
LEVEL 5/6	<input type="checkbox"/> Jumps to Tuck <input type="checkbox"/> 3 BHS Full <input type="checkbox"/> 2 BHS Full <input type="checkbox"/> RO BHS Full <input type="checkbox"/> FWO RO BHS Full	<input type="checkbox"/> Standing BHS Full <input type="checkbox"/> Jump 2 BHS Full <input type="checkbox"/> Standing Full <input type="checkbox"/> BHS Whip 2 BHS Full <input type="checkbox"/> Specialty to Full <input type="checkbox"/> RO BHS Double Full	<input type="checkbox"/> Jump to Standing Full <input type="checkbox"/> BHS Series to Double Full <input type="checkbox"/> 2 BHS to Whip Punch Double Full <input type="checkbox"/> Standing Specialty to Double Full <input type="checkbox"/> Running Specialty to Double Full

Comments:

Cheer Athlete Evaluation Form



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