



Placement Form

***For office use only: \$_____ tryout fee paid Check or Cash**

Child's Name: _____ Age (As of August 31): _____ DOB: _____

Parent Name(s): _____ Phone Number: _____

Email Address: _____

Have you ever cheered before? If Yes, Where?: _____

Are you interested in Crossing Over? - Participating in more than one team - (Circle One) YES NO

What teams are you most interested in? - (Circle One)

All Star Competitive Teams All Star Prep Teams All Star Exhibition Teams LO Recreational Teams

LIST UNASSISTED STANDING AND RUNNING TUMBLING SKILLS:

LIST STUNTING POSITIONS AND STRENGTHS:

I, _____, parent of _____ give permission to try out for the Hurricane All Stars. I release Cheer Sport Academy of any responsibility should he/she be injured the day of tryouts. I also understand he/she is trying out for a competitive cheer team and the responsibilities associated with this organization.

Parent Signature: _____ Date: _____

For coaches/gym use only: SCORING

Basics	Standing	Running	Extra	Jumps
Front Roll	BWO	CW/BWO	FWO	Toe Touch
Cartwheel	BHS	RO/BHS	Back Ext. Roll	Pike
Round Off	BWO/BHS	RO/Mult. BHS	Dive Roll	Hurdler
Backbend	Multiple BHS	RO/Tuck	Ariel	Sequence
	BHS/Tuck	RO/BHS/Tuck	Punch Front	
	Tuck	RO/BHS/Layout		
		RO/BHS/Full		

Flyer Skills Test: LEVEL _____

Other Notes:

TEAM PLACEMENT: