



# Athlete Tryout & Evaluation Form

Check One:

New Athlete		Returner (2019-2020 Season)	
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**Athlete Tryout Information:**

First Name	Middle Initial	Last Name	
Athlete Birth Year (YYYY)	Athlete Full Birth Date (MM/DD/YYYY)		
Desired Team Location	North (Ashland)		South (Petersburg)
Stunt Position(s)	Flyer	Base	Back Spot
<p>What level are you trying out for based on the tumbling skills grid?</p>	Level 1	Level 2	Level 3
	Level 4	Level 5	Level 6
	<p>I would like to be placed in an <b>ADDITIONAL</b> evaluation group to be considered for a stunting position:</p> <p style="text-align: center;">YES    NO</p> <p style="text-align: center;">If yes, please choose that level:</p> <p style="text-align: center;">Level 1    Level 2    Level 3</p> <p style="text-align: center;">Level 4    Level 5    Level 6</p>		
Would you like to be considered as a crossover?	YES	NO	NEGOTIOABLE

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_