



TRYOUT APPLICATION

10/11

CONTACT INFORMATION Please Print

Applicant Name:	Phone:
<input type="text"/>	()

Address:	City, State	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

<small>Age as of August 31, 2010</small>	Date of Birth	Grade:	School Attending:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST MEDICAL ISSUES:

Parent/Guardian Name:	Home Phone:
<input type="text"/>	()

Address:	City, State	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address REQUIRED	Cell Phone:
<input type="text"/>	()

Parent/Guardian Name: IF DIFFERENT FROM ABOVE	Home Phone:
<input type="text"/>	()

Address:	City, State	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address REQUIRED	Cell Phone:
<input type="text"/>	()

Emergency Contact: OTHER THAN YOURSELF	Home Phone:
<input type="text"/>	()

Address:	City, State	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Phone:	Cell Phone:
()	()



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BACKGROUND/EXPERIENCE

Applicant Name:

Age:

Grade:

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Experience: *Please list previous cheer/dance experience.*

Recreation League: _____

Jr. High/Middle School: _____

High School: _____

Dance Studio: _____

All Star/Competitive Cheer: _____

I am a: *Please circle all that apply*

Base

Flyer

Backspot

Not sure

Tumbling Ability: *Please circle all that apply*

Forward Roll

Cartwheel

Round Off

Back Walkover

Front Walkover

Back Handspring
(standing)

Roundoff
Back Handspring

Roundoff
Back Handspring
(multiple)

Back Tuck
(standing)

Roundoff
Back Tuck

Roundoff/BHS
Back Tuck

Punch front

Ariel

Layout

Full

Double Full

COMMENTS: _____

