ASSESSMENT FORM

	DO NOT WRITE ABOVE THIS LINE
	Name:
	Date of Birth: Age:
	Parent Name: Cell #:
	Parent Email:
	School Attending and Grade '23-24:
	Tumble Experience (circle all levels that apply): Tumble Level: N/A 1 2 3 4 5 6
	Stunt Experience (circle all levels that apply):
ATTACH PHOTO HERE	Stunt Level: N/A 1 2 3 4 5 6 7
PHOTO TAKEN BY OFFICE	Stunt Position Trying out for (circle all positions that apply):
	FLYER SIDE BASE MAIN BASE BACKSPOT
	Please list cheer experience by year, level, and program:
STAFF USE ONLY BELOW LINE	
	OFFICE USE ONL