All Star Evaluation Form

Please circle the evaluation day you have registered for:

May   19   20

_____   _____   ____/____/_____
Athlete Name   **Age**   **Date of Birth**

_____   _____   _____   _____
Parent Phone #   Gym/Program in 2023-24   Team & Level in 2023-24   # of Years in All Star

1._____   2. _____   3. _____
   Team/Level/Division goal for the 2023-24 Season *******

_____
Other requests (long distance ride share, etc.) *******

*** These requests will be considered, but no guarantees are made. We will do our best to accommodate specific requests for ride sharing/siblings/practice times, etc. that are realistic and significant. Requesting to be a flyer, to be on an older team, or to be on a team with higher-level skills than the ones you currently have are unlikely to make an impact on the final roster selection.

 If you have been on a team before, what role(s) did you play in stunt groups? (Check all that apply)

____MAIN   ____SIDE   ____FLYER   ____BACK   ____FRONT

What is the HIGHEST level of stunts you have competed? (mark one) _____1 _____2 _____3 _____4 _____5/6
Are you interested in, if selected, to be a crossover for an additional cost? _____YES _____NO

NAME   *#*   *INVITED TO:*   *CROSSOVER: Y / N*

A B C D F

Superior - Good - Average - Below Average - Needs Work

Standing Tumbling

Level	Skill	B. Control	Speed	Landing

Running Tumbling

Level	Skill	B. Control	Speed	Landing

Building

Flyer	Technique	Form and Flex	Performance
Circle all the apply	Technique		Stability
Back Side Main			

Post G.A.:

_____

_____

I consider this athlete to be best suited for the following:

_____

_____

Prep   1   2   3   4   5   6/7

Flyer   Back   Main   Side

Tiny   Mini   Youth   Junior   Senior   Open

Jumps
Combo:

Overall

Director Initials: _____