Athlete Evaluation Form

Please attach a printed headshot to this form and bring with you to evaluations

Atmete Name.						
Current Age:						
Date of Birth:						
T-shirt Size:						
Interested in crossing ov	/er:					
If your athlete is betwee which would be Mini's		-				15 & 2016) You can choose below between limited travel s. Please Circle.
Tiny (Local Only)	Mi	ni (Lin	nited Tra	avel)		
Contact Information						
Parent Name(s):						
Email(s):						
Parent Phone number(s)):					
performed should be	consi	istent v	vith the	e level t	he athle	WITH SKILLS BEING PERFORMED (Skills being ete is evaluating for. Additional skill(s) can be shown ot be evaluated in a routine style. They will go skill by 1.
Standing Tumbling Pass	; #1					
Score (Coach Only)	1	2	3	4	5	
Single Jump						
Score (Coach Only)	1	2	3	4	5	
Choreography/Performa	ınce					
Score (Coach Only)	1	2	3	4	5	
Double Jump						
Score (Coach Only)	1	2	3	4	5	
Standing Tumbling Pass	; #2					
Score (Coach Only)	1	2	3	4	5	
Running Tumbling Pass						
Score (Coach Only)	1	2	3	4	5	
Any Additional skill ath	lete cl	nooses	to show	<i>'</i> :		

Coaches Additional Comments: