



Tryout Information Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Height: _____ Weight: _____

Education Information

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Previous Cheering Information

Cheer Gym: _____ City/State: _____

Coach Name: _____ Phone: _____

Cheering Experience Information

Standing Tumbling:

	YES	NO
Back Handspring	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Back Tuck	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Full	<input type="checkbox"/>	<input type="checkbox"/>

Running Tumbling:

Back Handspring	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Back Tuck	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Layout	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Full	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back Handspring Series	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you selected yes, to Back Handspring Series, please list/describe how many:

If you selected yes, to other, please list/describe:

Stunts:

Toss Stunt: Lib	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Toss Stunt: Stretch	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Toss Stunt: Arabesque	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Toss Stunt: Scorpion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Toss Stunt: Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dismounts: Double Down	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dismounts: Full Down	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dismounts: Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
All Girl Based Stunt	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CO-ED Single Based Stunt	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you selected yes, to Toss Stunt: Other, please list/describe:

If you selected yes, to Dismounts: Other, please list/describe:

Walk up Stunts, please list most difficult mastered:

Full up Stunts, please list most difficult mastered:

Flipping Stunts, please list/describe:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or tryout may result in my release.

Signature: _____ Date: _____