



ATHLETE TRYOUT/ EVALUATION SHEET

Circle One: New Athlete Returner	<u>ATHLETE NAME:</u> 	<u>Trying Out?</u> Yes No If Yes, Which level are you trying out for? Level: _____	Current Evaluation Group(s) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>Group 1</u></td> <td style="width: 50%; text-align: center;"><u>Group 2</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">New Evaluation Team *Office Use Only*</td> </tr> <tr> <td style="text-align: center;"><u>Group 1</u></td> <td style="text-align: center;"><u>Group 2</u></td> </tr> </table>	<u>Group 1</u>	<u>Group 2</u>	New Evaluation Team *Office Use Only*		<u>Group 1</u>	<u>Group 2</u>
<u>Group 1</u>	<u>Group 2</u>								
New Evaluation Team *Office Use Only*									
<u>Group 1</u>	<u>Group 2</u>								
DOB:		CHEER AGE (as of Aug 31st 2018)	Gender: M F						
Years Cheerleading?		<i>Never cheered before? No worries! Everyone makes a team at Cheer Extreme Richmond! Our talented staff will help train your athlete to become ELITE!</i>							
Preferred Main Location (Circle One): North (Ashland) South (Petersburg)									
Would you be willing to crossover if needed for any team? Yes No									
If Yes, please check ONE: Richmond North (Ashland) Location ONLY _____ Richmond South (Petersburg) Location ONLY _____ Willing to Crossover Between North/South Locations _____ <small>*Based on evaluations, some teams/levels will only be available at ONE location*</small>									
Athlete Signature _____									
Parent/Legal Guardian Signature _____ Date: _____									

Tryout/ Evaluation <small>*Coaching Staff Use Only*</small>		
Level:	1 st Attempt SCALE 1-5	2 nd Attempt SCALE 1-5
1 st Standing Pass		
2 nd Standing Pass		
Jumps (Hurdler – Toe)		
Jump – Standing Tumbling (Toe)		
1 st Running Pass		
2 nd Running Pass		
Preferred Position(Circle All That Apply): FLYER BASE BACKSPOT TUMBLER		
Additional Skills/Comments: 		