



ATHLETE QUESTIONNAIRE

OFFICE USE ONLY: T / M / Y / J / S

Please attach your athletes picture to this form in the upper left corner prior to turning form in.
Headshot is preferred.

Which team are you interested in joining? (Circle all that apply)

PREP/NOVICE (LIMITED TRAVEL) FULL SEASON (TRAVEL) NON-TUMBLE FULL SEASON (TRAVEL)

Athlete's Name: _____

Date of Birth: _____

Age as of **December 31st, 2024**: _____

School: _____

Have you cheered before? ___Yes ___No If so, Where? _____

If you have cheered before, what level were you on? _____

Which stunt position were you last season? (Circle all that apply)

NONE FLYER MAIN BASE SIDE BASE BACKSPOT

Are you willing to try a new position if needed? ___Yes ___No

Which level have you mastered **ALL** of the level appropriate skills needed? 1 2 3 4 5 6 NT

Which level are you **HOPING** to make? 1 2 3 4 5 NT

What extra-curricular activities will be a higher priority to you than your all star team? (For what would you potentially request an excused absence?)

Would you be willing to cross compete onto two teams for the 2024-2025 season? There are additional competition fees, as well as team bows when crossing over to another team ___Yes ___No

ATHLETE SIZING

Tshirt Size: YS YM YL AS AM AL AXL

Sports Bra Size: YS YM YL AS AM AL AXL