



2023-2024 Evaluation Form

Athlete First and Last Name

Birth Year (YYYY):

Please list any day/time conflicts for the season:

Please list your cheer experience:

(Include previous programs, teams, and/or levels if applicable)

REQUIRED
Attach
Headshot

Stunt Experience (Circle all that apply): Flyer Main Base Side Base Backspot N/A | **Cross Compete (Circle ONE):** Yes No | **Height:** _____

BELOW THIS LINE IS FOR GYM USE ONLY!

<p>Standing Skill #1</p> <p>_____</p> <p>Rating 1 - 5:</p> <p>1 2 3 4 5</p>	<p>Notes:</p> <p>_____</p> <p>_____</p>
<p>Standing Skill #2</p> <p>_____</p> <p>Rating 1 - 5:</p> <p>1 2 3 4 5</p>	<p>Notes:</p> <p>_____</p> <p>_____</p>
<p>Running Skill #1</p> <p>_____</p> <p>Rating 1 - 5:</p> <p>1 2 3 4 5</p>	<p>Notes:</p> <p>_____</p> <p>_____</p>
<p>Running Skill #2</p> <p>_____</p> <p>Rating 1 - 5:</p> <p>1 2 3 4 5</p>	<p>Notes:</p> <p>_____</p> <p>_____</p>



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Toe-Touch Rating 1 - 5: 1 2 3 4 5	Notes: _____ _____
Pike Rating 1 - 5: 1 2 3 4 5	Notes: _____ _____
Right Hurdler Rating 1 - 5: 1 2 3 4 5	Notes: _____ _____
Left Hurdler Rating 1 - 5: 1 2 3 4 5	Notes: _____ _____
Jump Series Rating 1 - 5: 1 2 3 4 5	Notes: _____ _____