

SYA EXTREME COMPETITION CHEER EVALUATIONS APPLICATION

Please complete this application and return to the SYA Coaching Staff **PRIOR** to evaluations.
If not typed, please print legibly!

PLEASE ATTACH A RECENT PICTURE TO THIS APPLICATION.

Name: _____ Birthday (DD/MM/YYYY): _____ Age: _____

Athlete's Cell Phone: _____ Athlete's Email: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's Email: _____ Dad's Email: _____

Prior Competitive Cheer Experience: Yes No Year(s) of Participation: _____

Positions (check all that apply): Main Base Side Base Flyer Back Spot Front Spot

Standing Tumbling (check all that can be performed without a spot on a SPRING FLOOR): No Tumbling (New to Cheer)

FWR BWR Straddle Roll CW RO Front Limber Back Limber Backbend Kickover
 FWO BWO BWO Switch Leg Valdez 1 Arm FWO 1 Arm BWO BHS BHS Step Out
 BWO/BHS BWO/BHS Step Out BWO/BHS Step Out/BWO BWO Switch Leg/BHS Valdez/BHS
 BHS Step Out/BWO/BHS Valdez/BHS Step Out BHS Series Jump/BHS BWO/BHS Series
 Jump/BHS Series BHS/Jump/BHS BHS Series/Jump/BHS Series Jump/BHS/Jump/BHS
 BHS Step Out BHS/BHS Series BHS Step Out/BWO BHS Series BWO/BHS Jump BHS/BHS Series Tuck
 BHS Series/Tuck BHS/Tuck Jump/BHS Series/Tuck Jump/BHS/Tuck BWO/Tuck

Running Tumbling (check all that can be performed without a spot on a SPRING FLOOR): No Tumbling (New to Cheer)

CW FWO RO CW/BWO FWO/CW FWO/RO FWO/CW/BWO
 FWO/CW/BWO Switch Leg CW/BHS RO/BHS RO/BHS Step Out RO/BHS Series FHS
 Series FHS FWO/RO/BHS/BHS Series RO/BHS Step Out/BWO/BHS Series PF RO/Tuck Aerial
 RO/BHS/Tuck RO/BHS Series Tuck FWO/Aerial RO/BHS Step Out/ 1/2 Turn/RO/BHS/Tuck
 FWO/RO/BHS/Tuck FWO/RO/BHS Series/Tuck CW/Tuck RO/Layout Aerial/Tuck FHS/PF
 RO/BHS/Layout/Layout Step Out/X-Out/Switch Leg PF/RO/BHS Tuck FWO/RO/BHS/Layout
 PF Step Out/RO/BHS/Layout RO/Whip/Tuck RO/Whip/BHS/Tuck RO/BHS/Whip/Layout
 RO/BHS/Whip/BHS/Layout PF Step Out/RO/BHS/Whip/Layout PF Step Out/RO/BHS/Whip/BHS/Layout
 RO/Full RO/BHS/Full RO/BHS Series/Full FWO/RO/BHS/Full
 FWO/RO/BHS Series/Full PF/RO/BHS/Full PF/RO/BHS Series/Full

Please evaluate me for the following team(s):

LEVEL 1 LEVEL 2 LEVEL 2.1 LEVEL 3 LEVEL 3.1 LEVEL 3.2 LEVEL 4 LEVEL 4.2

(Explanation Examples: Level 1 = Level 1 stunting & Level 1 tumbling / Level 2.1 = Level 2 stunting **with** Level 1 tumbling)

IF NEEDED, I would be interested in being a **CROSSOVER** (additional fee may apply): Yes No

I would like to **JUNIOR COACH**: Yes No Requested Level(s): _____ / _____ / _____

I participate in High School Winter and/or Spring Sports: Yes No Sports: _____ / _____ / _____

FWR: Forward Roll BWR: Backward Roll CW: Cartwheel RO: Round Off FWO: Front Walkover BWO: Back Walkover
 BHS: Back Handspring FHS: Front Handspring PF: Punch Front