

**Allstar Prep
Evaluation Form**

Everyone **MUST** turn in this completed form.

Cheerleader's Name: _____ Age: _____

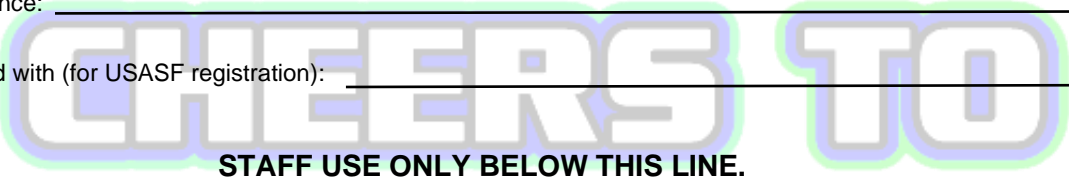
School: _____ Date of Birth: _____

Phone: _____ Email: _____

THE STAFF WILL USE THIS NUMBER/EMAIL TO CONTACT YOU WITH ANY QUESTIONS.

Athlete's Experience: _____

Last gym cheered with (for USASF registration): _____



STAFF USE ONLY BELOW THIS LINE.

Motions: _____

Jumps: _____

Tumbling: _____

Flying Experience:

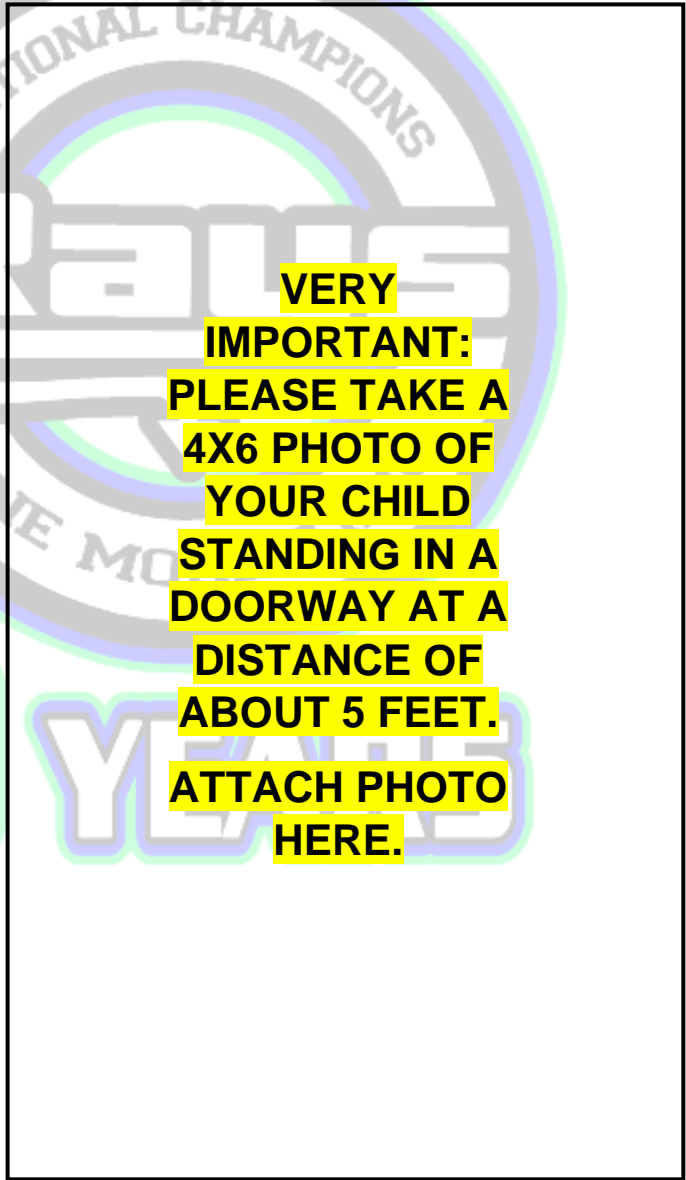
Flexibility: _____

LEVEL 1

LEVEL 2

LEVEL 3

Additional Comments:



**VERY
IMPORTANT:
PLEASE TAKE A
4X6 PHOTO OF
YOUR CHILD
STANDING IN A
DOORWAY AT A
DISTANCE OF
ABOUT 5 FEET.
ATTACH PHOTO
HERE.**