



Athlete Name: _____ Age: _____ DOB: ___/___/_____

Athlete Phone #

Gym/Program 20-21

Team & Level 20-21

of Years in All-star

Parent Phone #

Parent(s)/Guardian(s) Name

*This will be the main number for communication purposes

If you have been on a team before, what role(s) have you play in your stunt group?

Please check all that apply MAIN SIDE BACK FLYER FRONT

What is the HIGHEST level of stunts you have competed (mark one)?

1 2 3 4 5 6/7

Social Media Handles (FB, IG, Twitter - Please list all that apply):

Are you interested in double teaming?

Please note, double teaming takes commitment. Please make sure you understand all aspects of double teaming before you make the commitment.

What extra-curricular activities will be higher priority for you than your all-star team?

(What would you potentially request and excused absence for) _____

What days/weeks will you be missing this summer (if any) for school cheer, camp, family vacation or other commitments that you CANNOT reschedule? _____

