

Athlete Current Skill & Info Form

Athlete Name: _____

Age (As of August 31st, 2016): _____ DOB: _____

Contact Name: _____ Contact #: _____

What level team are you hoping to make? _____

Are you interested in being a base or a flyer? _____

Are they any days/times your athlete **can't** practice for May-Aug? _____

Level 1:

- ___ Forward Roll
- ___ Back Bend
- ___ Cartwheel
- ___ Round Off
- ___ Back Walkover
- ___ Front Walkover

Level 2:

- ___ Standing BHS
- ___ Round Off BHS
- ___ Round Off BHS Series
- ___ Jump Roll BHS
- ___ BHS/BWO/BHS

Level 3:

- ___ Standing BHS Series
- ___ Toe Touch BHS
- ___ Punch Front
- ___ Round Off Back Tuck
- ___ Round Off BHS Back Tuck
- ___ Aerial

Level 4:

- ___ Standing Back Tuck
- ___ Two to Layout
- ___ Toe Touch BHS Back Tuck
- ___ Cartwheel Tuck
- ___ Round Off BHS Layout
- ___ Whip/Alternates
- ___ FWO to layout

Level 5:

- ___ Toe Touch Back Tuck
- ___ Standing Series to Full Twist
- ___ Standing Full
- ___ Round Off BHS Full
- ___ Arabian
- ___ Double Standing or Running

Notes:
