

Broward Elite All-Stars- Level 4/5

Try-Out Registration Form 2016-2017

Athlete Name: _____ Parents Names: _____

Address: _____ Athlete Email: _____

_____ Parent Email: _____

Home Phone: _____ Parent Cell Phone: _____

Gender: Male _____ Female _____ Athlete Cell Phone: _____

Birthday: _____ Age: _____ Age as of Aug. 31, 2016: _____

2016-17 School Name: _____ Grade: _____

I have been involved in cheerleading ____ or gymnastics ____ for a total of ____ years.

I have been involved in an All-Star Cheer program. No ____ Yes ____ Where _____ Level ____

Stunting:

I prefer to: (Base ____), (Back Spot ____), (Fly ____)

Flyers ONLY: Weight _____, Height _____, Years of flying experience _____ Levels _____

Standing Tumbling: Only mark what you can throw on the FLOOR&WITHOUT a spot.

Tuck __, Full __, BHS-T __ L __ F __, 3Jumps to BHS-T __ L __ F __, 3Jumps to Tuck __

Other/Specialty Pass: _____

Series Tumbling: Only mark what you can throw on the FLOOR&WITHOUT a spot.

3BHS- L __ F __, D __, Toe 2BHS- T __ L __ F __, D __, *Please write Whip or trick passes under Other.

Other/Specialty Pass: _____

Running tumbling: Only mark the pass you are throwing on the FLOOR&WITHOUT a spot.

RO-BHS-Layout __, RO-BHS-Layout Step-out __, RO-BHS-Full __ RO-BHS-Double __ *Please write trick passes under Other.

Other/Specialty Pass: _____

Who referred you to Broward Elite All-Stars: _____

Which of the following is your strength? Stunts/Pyramids __, Baskets __, Tumbling __, Jumps __, Dance __

PRICING- \$50

OFFICE USE ONLY					
_____ \$50.00	Date Received	MR	DL	MALE	19+
CC __ Cash __ Check __ ACCT __	_____/____				