

place photo here

Name _____

Age as of August 31, 2010 _____

Birthday _____

Height _____ Grade _____

Have you cheered before? No Yes

If so, where?



2010-2011

TRYOUT FORM

Sportz Center Academy
5330 Snapfinger Woods Dr.* Lithonia, Ga. 30035
Office: 770 593-3149 Fax: 770-987-1188

Check ALL tumbling skills you throw on the FLOOR, WITHOUT a spot. If there are any skills that you possess WITH a spot please indicate it in the margins.

STANDING _____ RUNNING TUMBLING _____

- ___ None or Back walkover _____
- ___ Back Handspring _____
- ___ Standing Tuck _____
- ___ Jump Tuck _____
- ___ Standing Full _____
- ___ Multiple Back Handsprings _____
- ___ Two BHS to tuck _____
- ___ Back Handspring Tuck _____
- ___ Two BHS to Layout _____
- ___ Back Handspring Layout _____
- ___ Two BHS to Full _____
- ___ Back Handspring Full _____
- ___ None or Round-off _____
- ___ Back handspring _____
- ___ Back tuck _____
- ___ Layout _____
- ___ Full _____
- ___ Double full _____

At which stunt position do you have experience? NONE _____ FLYER _____ BASE _____ BACKSPOT _____

Check your most advanced Stunting skill level

- ___ Level 1 (No experience or level 1 stunts, preps)
- ___ Level 2 (Ex. Preps, Extensions, Straight Cradle dismounts and baskets tosses)
- ___ Level 3 (Ex. Extended one-legged stunts, Full twisting two-legged dismounts, single trick basket tosses)
- ___ Level 4 (Ex. Extended one-legged stunts, Double twisting two-legged dismounts, kick-full basket tosses)
- ___ Level 5 (Ex. Double twisting one-legged dismounts, Double twisting basket tosses, full-ups)

Are you willing to cheer for any SCA Rage team, regardless of level? ___ Yes ___ No

If No, circle levels on which you are willing to cheer and explain why:

1 - 2 - 3 - 4 - 5 Why? _____

What are your strengths? _____

What would be your best contribution as a team member?



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Parent Information

Mother's Information

Last: _____ First: _____
Home _____ Cell _____ Work _____
Street _____ City _____ State _____ Zip Code _____

Father's Information

Last: _____ First: _____
Home _____ Cell _____ Work _____
Street _____ City _____ State _____ Zip Code _____

Student Information

First Name: _____ Last Name: _____
D.O.B.: ____ / ____ / ____ M/F: ____ Trial Class: Day of Wk ____ Time ____
School: _____ Are you on a school squad? _____