

Private Tryout Fee Paid _____ # _____

**TURN IN THE FOLLOWING WITH THIS FORM:
HEADSHOT & COMPLETE ONLINE WAIVER FOR GOLDEN ELITE
ALLSTARS**



Name: _____ Birth Year: _____

Athlete's Cell: _____ Parent's Cell: _____

Email address(es): _____

Any medical conditions or previous injuries? _____

Are you willing to be on 2 teams team: **YES NO MAYBE**

Tell Us About Your Skills... (levels, years of experience, Rec, Allstar or School)

Base _____

Backspot _____

Flyer _____

Standing Tumbling _____

Running Tumbling _____

AUTHORIZATION TO PARTICIPATE IN TRY-OUTS...

I give my child, whose name appears above, permission to try-out for the 2023-24 GOLDEN ELITE ALLSTARS Team. I understand that the sport of cheerleading is a dangerous sport and will not hold GOLDEN ELITE ALLSTARS, it's owners or employees liable for any injury incurred as a result of my child participating in the clinic or try-out. Parent/Guardian Signature Required is athlete is under 18 years of age.

Parent/Guardian Signature X _____ Date _____

FOR TRY-OUT EVALUATORS ONLY

Evaluation Category	Level 1	Level 2	Level 3	Level 4	Level 5R/5	Notes:
Flexibility						
Standing Tumbling						
Running Tumbling						
Jumps						

Coaches Recommendation: Final Team _____ Position: _____

Crossover Team _____ Position: _____

COACHES NOTES: