



ATHLETE EVALUATION FORM

2022-2023

Athletes Name: _____

DOB: _____ Age: _____ CROSSOVER: **YES** **NO**

Parent Name: _____ Parent Phone #: _____

Parent Email: _____

Stunting/Tumbling *Experience* (Circle all that apply):

Back:	N/A	1	2	3	4	5	6
Base:	N/A	1	2	3	4	5	6
Flyer:	N/A	1	2	3	4	5	6
Tumbling:	N/A	1	2	3	4	5	6

Please list experience by year, level and program:

STAFF USE ONLY BELOW LINE

03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
O	O	O	O	O	O									
SR	SR	SR	SR	SR	SR	SR	SR							
6/1			JR	JR	JR	JR	JR	JR	JR	JR	JR	JR		
							YT	YT	YT	YT	YT	YT	YT	
DOB: _____									MI	MI	MI	MI		
										TI	TI	TI		

CROSSOVER: YES NO

TIER: NOVICE
PREP
ELITE

_____ CB GROUP

_____ IN GOMOTION

_____ CONTACTED



ATHLETE EVALUATION FORM

2022-2023

DAY 1: EVALUATIONS

STAFF USE ONLY BELOW LINE

ATHLETE NAME: _____ T M Y J S O

Tumbling

Level:	1	2	3	4	5	6
Execution:	PERFORMED		NEEDS IMPROV.		ROUTINE READY	
Comments:	_____					

Skills Shown:

Motions/Dance

Execution:	1	2	3
Comment:	_____		

Jumps

Overall:	1	2	3
Height:	1	2	3
Hip Rotation:	YES		NO

NOTES:

RETURNING ATHLETES ONLY:

Behavior:	1	2	3
Practice Attendance Past Season:	1	2	3
Practice Tardiness Past Season:	1	2	3
Practice Preparedness:	1	2	3

COACH INITIALS: _____



ATHLETE EVALUATION FORM

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ATHLETE NAME: _____ DOB: _____

CALL BACK GROUP: _____

DAY 2: CALL BACKS

STAFF USE ONLY BELOW LINE

Stunting

Position: _____

Level:	1	2	3	4	5	6
Execution:	1		2		3	

Comments:

COACH INITIALS: _____

_____ CB GROUP

_____ FINAL DECISION

_____ CONTACTED