

TEAM SELECTION 2019

ATHLETE'S NAME: _____ **SEX:** M / F

AGE IN 2019: _____ **D.O.B** _____ **HEIGHT:** _____

ADDRESS: _____

MOBILE NUMBER: _____ **HOME NUMBER:** _____

CONTACT EMAIL: _____

MEDICAL CONDITIONS/ALLERGIES: _____

PARENT/GUARDIAN NAME(S): _____

PARENT/ GUARDIAN MOBILE NUMBER(S): _____

PARENT/ GUARDIAN EMAIL(S): _____

<u>TUMBLING ABILITY</u>	Level 1 Cartwheel, Round Off	Level 2 Back Handspring	Level 3 Back Tuck	Level 4 Layout	Level 5 Full
<u>PREVIOUS STUNTING</u>	Level 1	Level 2	Level 3	LEVEL 4	LEVEL 5
<u>POSITION - current</u>	FLYER	MAIN BASE	SECONDARY BASE	BACK SPOT	FRONT SPOT
<u>FLEXIBLTY</u>	Flat Right Splits	Flat Left Splits	Flat Middle Splits	Bridge	

PLEASE SELECT YOUR 2019 TEAM/TEAMS PREFERENCE *crossover one or two cheer teams and/or pom or hip hop team*

<u>AGE IN 2019</u> <u>age group</u>	MINI 5-8 years	YOUTH 7-11 years	JUNIOR 8-14 years	SENIOR 10-18 years	OPEN 14 years +	OPEN NT 17 years +
Novice	Cheer	Cheer	Cheer	Cheer		
Level 1		Cheer	Cheer	Cheer	N/A	Cheer
Level 2		N/A	Cheer	Cheer		N/A
Level 3		N/A	Cheer			N/A
Level 4		N/A		Cheer		N/A
Level 5		N/A	N/A	Cheer		N/A
Dance Teams		Hip Hop	Hip Hop	Hip Hop		Pom (21yrs +)

Five year plan	2019	2020	2021	2022	2023
What level and what skill do you want to achieve					

PHOTO REQUIRED YES or NO (New applicants are required to have photo taken)

CHEERLEADER'S SIGNATURE

PARENT'S SIGNATURE

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