



ZEA Evaluation form

Athlete Name: _____

Athlete DOB/AGE: _____

Please circle any of the positions you have previously been a part of:

Base

Backspot

Frontspot

Flyer

Are you interested in being Crossover athlete? (competing with more than one team) Please circle:

YES

NO

Parent/Guardian Signature: _____

FOR STAFF USE ONLY-

Standing tumbling- _____

Running Tumbling- _____

Body Position/s- _____

