



## Easley Gymnastics Team Gymnast Tryout Form

Gymnast Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parents' Names \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Current Gym \_\_\_\_\_

Level Competed Last Season \_\_\_\_\_ Goal Level to Compete Next Season \_\_\_\_\_

Event High Scores from Last Season:

Vault \_\_\_\_\_ Bars \_\_\_\_\_ Beam \_\_\_\_\_ Floor \_\_\_\_\_ AA \_\_\_\_\_

Please List Skills That Are Being Uptrained on Each Event

Vault \_\_\_\_\_

Bars \_\_\_\_\_

Beam \_\_\_\_\_

Floor \_\_\_\_\_

Season placing the 1-3<sup>rd</sup> at State/Regionals/Optionals \_\_\_\_\_

Goals for the Next 3 Years \_\_\_\_\_

Injuries from the Past 2 Years \_\_\_\_\_

Gyms You Have Trained With \_\_\_\_\_

Other Things You Would Like for Us to Know About Your Gymnast \_\_\_\_\_

We appreciate your interest in the Easley Gymnastics' Team. Please allow us a week to review your completed information. If she is invited for a trial week with our team, the cost is \$200, non-refundable paid before or on the first day of the trial and a signed waiver. After completing the week trial, we will review how it went and if she will be offered a spot on our team.

Thank you

Robyn Easlick, Owner of Easley Gymnastics

Ashley Hartman, Head Coach of Easley Gymnastics Team