JUST CHEER ALL STARS ATHLETE ASSESSMENT

Athlete Full Name:	Date of Birth:		
Gym/Program in 2024-2025	Team	/level in 2024-2025	# of years in All Star
Please indicate your athletes sizing hroughout the season, etc. (Sizing			
Sports Bra Size:	Shorts Size:	T-Shirt/Tank Top	Size:
What was the role or roles you helease select all that apply:	ave competed in, in to	erms of stunting.	
Main Base	O Side Base O Base	ackspot OFlyer ON	o Stunting Experience
What is the highest level of stunt f you have no cheer experience,			ere selected above.
O Level 1	OLevel 2 OLev	vel 3 O Level 4 O Lev	vel 5 OLevel 6
Please indicate below which Lev	el you will be evaluat	ing for:	
O Level 1 O Level 2 O	Level 3 OLevel 4	OLevel 5 OLevel 6	○Non-Tumbling Level 6
For Season 27, JuST Cheer All athletes who may be new to a information on	ll star cheer and/or are		their current skills. For more
Please indicate below which prog			t BOTH programs, if uncertain.
Selecting a program does NOT gu	•	hin that program):	
	Prep Program	Elite Program	
Are you interested in being a Cradditional Fees will apply. Please			/owners)
	YES	ONO	