

# CYC ALLSTARS TRYOUT APPLICATION

ATHLETE'S NAME (FIRST & LAST) \_\_\_\_\_

BIRTH DATE mm/dd/yyyy \_\_\_\_\_

ATHLETE'S SCHOOL \_\_\_\_\_

ATHLETE'S GRADE ON AUG 2026 \_\_\_\_\_

DO YOU PREFER TO BE ON AN ELITE TEAM OR PREP TEAM? \_\_\_\_\_

ARE YOU INTERESTED IN CROSSING OVER TO AN ADDITIONAL TEAM? \_\_\_\_\_

ARE YOU INTERESTED IN BEING AN ALTERNATE TO AN ADDITIONAL TEAM? \_\_\_\_\_

HAVE YOU CHEERED BEFORE? \_\_\_\_\_

IF YOU HAVE CHEERED BEFORE, WHERE AND HOW LONG? \_\_\_\_\_

WILL YOU BE GONE FOR A WEEK OR MORE OVER THE SUMMER? \_\_\_\_\_

IF 'YES' PLEASE LIST THE DATES: \_\_\_\_\_

WILL YOU MISS ANY OF THE MANDATORY SUMMER CAMPS? \_\_\_\_\_

DO YOU HAVE ANY SPECIAL NEEDS YOUR COACH NEEDS TO BE AWARE OF? \_\_\_\_\_

PRIMARY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FIRST LANGUAGE: \_\_\_\_\_

SECONDARY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



**STAFF USE ONLY:**

MINI	YOUTH	YOUTH FLEX
JUNIOR	JR FLEX	SENIOR

PREP 1	PREP 2	PREP 3
ELITE 1	ELITE 2	ELITE 3