

**FUSION GYMNAESTRADA TEAM  
ATHLETE APPLICATION  
(AGES 18+)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age as of Dec 31, 2010: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How often do you access your e-mail?

Daily     Weekly     Monthly     Other \_\_\_\_\_

Emergency Contact Information (please provide two):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please describe your experience as an athlete (i.e. years of experience in gymnastics or dance, accomplishments, level of competition, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your experience as a performer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_