

FUSION GYMNAESTRADA TEAM
ATHLETE APPLICATION
(Ages 12 – 17)

Name: _____ E-mail _____

Address: _____

Postal Code: _____ Phone #: _____

Birthday: _____ Age as of Dec 31, 2010: _____

Name of Parent(s)/Guardian(s): _____

Parent E-mail Address: _____

How often do they access e-mail? Daily Weekly Monthly

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:

The following is to be completed by the athlete's coach, club Head Coach or club president or administrator:

1. This athlete has shown commitment and dedication to their training. yes no
2. This athlete arrives to each practice early or on time. yes no
3. This athlete is reliable and never/rarely misses a practice. yes no
4. This athlete is hard-working and uses practice time effectively. yes no
5. This athlete has the ability to work independently with minimal supervision. yes no

Name: _____ Relationship to athlete: _____

Signature: _____ Date: _____