

TUMBLING STUDENT GOALS WORKSHEET

This information will help our staff know your athlete's background as well the goals they wish to work toward in our Tumbling Program. Our Staff will use this information to help individualize your athlete's training. If at anytime any of these goals change please feel free to fill out another form.



Student Name _____ Age _____ Date _____

Tumbling Background (please let us know what classes and programs your athlete has participated in) :

Tumbling Skills Student can do (check all that they can do **alone**) :

- | | | |
|--|--|---|
| <input type="checkbox"/> Forward Roll | <input type="checkbox"/> Backward Roll | <input type="checkbox"/> Handstand |
| <input type="checkbox"/> Cartwheel | <input type="checkbox"/> Round Off | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Bridge Kick Over | <input type="checkbox"/> Back Walkover | <input type="checkbox"/> Front Walkover |
| <input type="checkbox"/> Front Handspring | <input type="checkbox"/> Back Handspring | <input type="checkbox"/> Standing Back Flip |
| <input type="checkbox"/> Front Tuck | <input type="checkbox"/> Side Aerial | <input type="checkbox"/> Front Aerial |
| <input type="checkbox"/> Round Off Back Handspring | <input type="checkbox"/> Round Off Back Handspring Back Tuck | |

Please list any advanced skills : _____

What is your Athlete's Primary Goal in taking a Tumbling Class :

- Eventual Competitive Team Cheerleading General Fitness
 Just for Fun Other (Please list) _____

What skills does your Athlete primarily want to learn : _____

What other goals does your Athlete have for this class (i.e. Strength, Flexibility, Awareness) :

Please give us any other comments or information that can help us in training your athlete :

THANK YOU !!!