Camden County High School Gymnastics

Name:

Grade: 9 10 11 12

Home Phone:

 Email:

Parents’ information: Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questionnaire:

1. Have you competed before?
2. Last level you competed?
3. Name of the gym you train/trained at?
4. If you left the sport, how long ago was it?
5. What events would you like to compete? Floor Beam Bars Vault All around
6. Why do you want to participate in gymnastics at CCHS this year?