

## Lions Evaluation Information Sheet

Name \_\_\_\_\_

Current Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on August 31, 2009 \_\_\_\_\_

2009-2010 Grade \_\_\_\_\_ 2009-2010 School \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

I reside primarily with: (circle one) Both parents    Father    Mother    Other

Home Phone Number \_\_\_\_\_

Mother Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Father Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Child Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

How did you learn about Lions? \_\_\_\_\_

Are there any days that your child cannot participate on a regular basis (ex. - Wednesday night CCD/Confirmation classes)?      Yes      No

\*If yes, please list day and time \_\_\_\_\_

Most teams practice one weekday and one weekend day. What is your preference on weekend days? (Please think about your child's activities when completing)

\_\_\_\_ Saturday    \_\_\_\_ Sunday    Comments \_\_\_\_\_

For **returning** members - Are you interested in double teaming?    Yes    No    Maybe

T-Shirt Size \_\_\_\_\_      Sweatshirt Size \_\_\_\_\_

*\*Nothing is being ordered here. For future competitions, the teams sometimes receive gifts, so we need to know their size.*

**\*VICTORY STAFF ONLY** (please do not fill out):

Age Division:    Tiny    Mini    Youth    Junior    Senior

Star Status:    1    2    3    4    5      Team Placement \_\_\_\_\_