

Lions Evaluation Information Sheet

Name _____

Current Age _____ Birthdate _____ Age as of August 31, 2010 _____

2010-2011 Grade _____ 2010-2011 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 _____