

SAN JOSE STATE GYMNASTICS QUESTIONNAIRE

Wayne Wright ♦ Head Coach ♦ One Washington Square ♦ San Jose, CA 95112 ♦ (408) 924-1390

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security Number: _____

Home Phone Number: (_____) _____ Best time to be reached: _____

Cell Phone: (_____) _____ Best time to be reached: _____

Email Address: _____ AIM Name: _____

Father's Name: _____ Occupation: _____

Phone Number: (_____) _____ Best time to be reached: _____

Mother's Name: _____ Occupation: _____

Phone Number: (_____) _____ Best time to be reached: _____

Sibling's names & ages: _____

SJSU Students/Alumni you know: _____

ACADEMIC INFORMATION

High School: _____ Month/Year of Graduation: _____

High School Address: _____

City: _____ State: _____ Zip: _____

H.S. Counselor: _____ Phone Number: (_____) _____

Cumulative GPA (4.0 Scale): _____ Class Rank: _____

ACT Score: _____ ACT Date: _____ SAT Score: _____ SAT Date: _____

Are you registered with the NCAA Clearinghouse? Yes No

Academic Area of Interest/Possible College Major: _____

List any academic honors received since Sophomore year: _____

GYMNASTICS INFORMATION

Gym Name: _____ Phone Number: (_____) _____

Gym Address: _____

City: _____ State: _____ Zip: _____

Coach(es) Name: _____

Coach's Phone Number: (_____) _____ Email Address: _____

Height: _____ Weight: _____ Current Competitive Level: _____

List gymnastics accomplishment as a Sophomore: _____

List gymnastics accomplishment as a Junior: _____

Have you sent an updated video or DVD of your current routines & skills? Yes No

List any major injuries you've had in the past 2 years & the specific dates: _____

List major elements of difficulty for each event:

Vault: _____

Current

Working

Bars: _____

Current

Working

Beam: _____

Current

Working

Floor: _____

Current

Working

GO SPARTANS!