

End of Day Form

Name:

Employee Email:

Date:

Team:

Did any new athletes practice with the team? *

YES

NO

Was anyone tardy or absent? *

YES

NO

Who?

What did the team do today? *

- Mile Run (In < 10 Min)
- Running Tumbling
- Standing Tumbling
- Jump (Full Workout)
- Flexibility
- Stunt Technique
- Routine Choreography
- Stunt Choreography
- Pyramid Choreography
- Dance Choreography / Other
- Full Outs
- Stunt Full Outs
- Tumbling Full Outs
- Conditioning

Jump Notes *

Standing Tumbling Notes *

Running Tumbling Notes *

Building Notes *

Basket Notes *

Choreography Notes *

Conditioning Notes *

Were there any injuries during practice? *

YES

NO

Gym Cleanliness

- Designated trash bin has been emptied and a new bag placed
- Mats have been put away in their designated spots
- The floor and your surrounding area have been picked up with any left-over items placed in the lost and found

What has challenged you this shift? How can we help?