



➤➤ GYMNAST PROFILE

Name _____
Last First Middle Nickname _____

Home Address _____
Street

City State ZIP

Email Address _____

Birthdate	_____
Home #	_____
Cell#	_____

Father _____
Name Occupation College (if any)

Father Cell# _____ Father E-mail _____

Mother _____
Name Occupation College (if any)

Mother Cell# _____ Mother E-mail _____

Siblings or friends that have attended OSU _____

➤➤ ATHLETIC INFORMATION

Club _____
City State

Club Phone _____ Region _____

Coach's Name _____ Coach's Phone _____

Coach's Name _____ Coach's Phone _____

Have you registered with the NCAA Eligibility Center? _____ If so, what's your NCAA ID#? _____

YouTube Username _____ Facebook Username _____

➤➤ ACADEMIC INFORMATION

High School _____

City State

Interested in Studying _____

Graduation Date	_____
Current GPA	_____
Class Rank	_____
SAT or ACT Score	_____

Please return to: Ohio State Women's Gymnastics
1160 Steelwood Rd, Columbus, OH 43212

For information contact:
Office (614) 292-9323 Fax (614) 292-8480

▶▶ LAST SEASON'S ROUTINES

VAULT

BARS

BEAM

FLOOR

▶▶ COMPETITIVE HISTORY

Freshman Year – Level of Competition _____

State Results _____

Regionals Results _____

Nationals Results _____

Sophomore Year – Level of Competition _____

State Results _____

Regionals Results _____

Nationals Results _____

Junior Year – Level of Competition _____

State Results _____

Regionals Results _____

Nationals Results _____

▶▶ INJURIES

Have you missed part/all of a season due to an injury (details, when)? _____

Have you had surgery in the last 3 years (details, when)? _____

Any other health comments? _____

▶▶ NOTES

Is there anything else you would like us to know about you? _____