

Martino Junior High School Cheerleading Try-Out Permission Slip

Parent:

My child, _____, has my permission to be a cheerleader at **Martino Junior High School**. I understand that he/she must abide by the rules and regulations set forth by the coach and the principal of **Martino Junior High School**, and be **present** for all practices and games. I understand that a sport physical and this permission slip must be signed and completed by **August 28th**, or my child will not be allowed to tryout. I understand that my child must attend the tryout sessions or he/she will not be considered for a cheer position.

I also understand that my child will be evaluated by qualified judges, and I agree to abide by the decision of the judges.

I understand by the very nature of the activity, cheerleading & gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, concussion, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will **not** hold **Martino Junior High School or any of its personnel** responsible in the case of accident or injury at any time.

I understand that I must be **prompt** for pick up of all practices and all games.

_____/_____/2018
Parent/Guardian Signature Date

Parent E-mail: _____

Parent (best) phone number to be reached: _____

Student/Cheerleader:

I am interested in being a cheerleader at **Martino Junior High School**. I understand the risks stated above. If selected for the squad, I promise to abide by the rules and regulations set forth by the cheerleading coach and the principal of **Martino Junior High School**. I promise to cooperate and follow the instructions set forth by the cheerleading coach.

Please consider me for the Cheerleading Squad.

Student Signature _____

Phone Number _____

Name of **Advisory** Teacher: _____

