Application for Cheerleading Tryouts Same and the same an

My child,	has my permission to be a cheerleader at Seabreeze		
High School. I understand that h	ne/she must abide by the rules and regulations set forth by the		
coaching staff and the principal	of Seabreeze High School, and be present for all practices and		
games. I have read the cheerleading constitution and the rules and guidelines and understand that the violation of any of these rules may lead to temporary or permanent suspension from the squad. I understand and give permission for my daughter/son to ride with the coach and/or			
			understand that all forms must be completed and returned NO
		LATER THAN MONDAY MARCH 31, 2014 AT 4:00 PM or my child will not be allowed to tryout. I understand that my child must attend all practice (unless excused by the coach) and tryout sessions, or my child will not be considered for a cheerleading position.	
•	son will be evaluated by qualified judges, and we agree to abide		
by the decision of the judges. I understand all costs involved as stated in the rules. <mark>(\$750.00</mark>)			
,	e of the activity, cheerleading and gymnastics carry a risk of		
	careful the participant and coach are, how many spotters are		
	used, the risk cannot be eliminated. The risks of injuries include		
_	pulls, dislocation, and broken bones. The risk also includes		
•	rmanent paralysis or even death from landing or falls on the		
	d these risks and will not hold Seabreeze High School or any of		
	case of accident or injury at any time.		
to personner responsible in the c	ase of decident of injury at any time.		
Parent or Guardian	Date Parent or Guardian Date		
	leader at Seabreeze High School. I understand the risks stated		
	bide by the rules and guidelines set forth by the coaching staff		
•	breeze High School. I promise to cooperate and follow the		
	coach. I understand that throughout the week of tryouts, my		
_	itude, cooperation, and motivation will be assessed and		
considered by the coaching staff	•		
considered by the coaching stan			
Student Signature:	Date:		
9	ection. You will need to attach to this form a photocopy of your		
last report card showing current			
Full Name:	<u>, </u>		
Address:			
51 () ()	0.11		
Phone number(s): Home:	Cell:		
Date of Birth:	Alpha Code:		
Date of Birtin.	Aipila code.		
Email:			
All Planned Extracurricular Activi	ties		
Grade I will be in during the 2014	1-2015 School Year (Circle one): $9^{th} \bigcirc 10^{th} \bigcirc 11^{t} \bigcirc 12th \bigcirc$		

SHS CHEER (04/07) (4/10) (2/11) (2/12) (2/14)