

2017-2018 CALIBRE CHEERLEADING TRYOUT PERMISSION SLIP

***Return by: Friday, August 18***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Student Signature)

has permission to try out for the 2017-2018 Calibre cheerleading squad.

Parent: I have read the Cheerleading Tryout packet and understand its contents. I am aware of the financial responsibilities and amount of time that will be required of my student if he/she makes the squad. If selected, my son/daughter has my permission to be a cheerleader for the 2017- 2018 school year.

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Parent/Guardian Signature Date

Student: I have read the Cheerleading Tryout packet and other information and am aware of the responsibility cheerleaders have to their squad and their school. Therefore, if selected, I will abide by these policies and will be a role model for Calibre Academy. I will work with dedication and enthusiasm to make our squad the best that it can be.

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Student Signature Date

Parent Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_