



CHEERLEADING TRAINING CENTER

**Pro Cheer All-Star Tryouts
Tryouts- 2019-2020
Tryout Registration Form**

Name _____

Age (as of 8/31/19) _____ D.O.B _____ Grade next year (2019-2020) _____

Address _____

City & Zip _____ Home Phone _____

Parent Contact _____ Parent Cell Phone _____

Parent E-mail _____

All-Star E-mail _____ All-Star Cell _____

Emergency Contact: _____ Emergency Phone: _____

List Current or Previous Gym or All-star Experience: _____

Please Check:

- Tryout fee of \$100.00 includes May training fee.
- Interested in Cross-Competing on two teams (additional fees will apply)

MANDATORY PARENT MEETING

Attendance of at least one parent is mandatory at one of the parents meeting: **Monday, May 13th at 6pm, or Wednesday May 15th at 6:00 at the gym.** Please note that your first payment will be due that night.

Parents Please Read:

- I understand that by taking part in this or any cheerleading class/camp there is a possibility of injury/illness to my daughter/son. Therefore, I give permission for my son/daughter to participate in the Pro Cheer All-star tryouts and do hereby grant permission to the hospital staff members to administer immediate care to my child should he/she be injured.
- I furthermore agree to hold harmless Pro Cheer and its officers/staff for any injury incurred as a result of my son/daughters participation.
- Permission is granted to use my son's/daughter's picture in future advertisement and literature for Pro Cheer and events sponsored and conducted by them.

I _____ (parent), have read and understand the above information.

Parent Signature _____ Date _____