

Parent Signature Sheet

Please bring this filled out, on the first day of clinics/tryouts.

Athlete Name: _____

Athlete Health Conditions (Food Allergies, etc.): ***If you have asthma, I will need a doctor's note & you will need to bring your inhaler to EVERY activity!**

IN CASE OF EMERGENCY

NAME & RELATIONSHIP:

CONTACT #:

*I authorize my child to participate in PHS Cheerleading Tryouts. We have read and agree to all the terms in the tryout paperwork.

Parent Signature: _____

Date: _____