PARENT/GUARDIAN PERMISSION FORM
For 2021-2022 CHEERLEADING

Name of Cheerleader: ________________________________

- I/We, the parent(s)/legal guardian(s) of the above named person, give my/our permission for the above
  named person to try out for cheerleader.

- I/We have read the rules and regulations set forth in the St. Clair County Cheerleading Constitution and
  accept the rules and regulations.

- I/We understand that failure to follow rules and regulations set forth in the St. Clair County Cheerleading
  Constitution can result in the suspension and/or dismissal from the squad.

- I/We will encourage the above named person to be a leader that the school will be proud to have as a
  representative.

- I/We understand that there are certain financial obligations that we must fulfill if the above named
  person is named a cheerleader.

- I/We understand that if the above named person is removed from the squad or resigns from the squad,
  that the financial obligation for the above named person must be paid and they will not be eligible to try
  out the following year.

- I/We give the above named person permission to be given emergency medical treatment in the event
  of an injury.

- I/We will assume the responsibility for any medical treatment that the above named person might need
  if injury occurs while participating at practices, games, competitions, road trip, or traveling to practices,
  games, or destination of cheerleading events.

- I/We release the St. Clair County Board of Education, the local school, the local school administration,
  the sponsor/coach, the faculty, parent volunteers, or any one or more than one of them or their
  executors, and administrators from any liability resulting from injury or death as a result of the above
  named person’s participation in cheerleading activities and related event.

Signature of Parent(s)/Legal Guardian(s): ________________________________

Date: ________________________________