

Permission Form for BMCHS Cheer Tryouts

_____ has my permission to attend the
(Student trying out for cheerleader: Name)

BMCHS Cheer Clinic and Tryouts at Bishop McGuinness Catholic High School from
March 24 thru March 28, 2008.

I understand that BMCHS does not assume liability for any injury incurred while any student is participating in the clinic and tryouts. The parent or legal guardian herewith grants permission for school employees to secure medical services for the above named student if it is deemed necessary in case of an emergency. BMCHS and its employees do **NOT** accept liability for payment of any resulting bills for the above action taken.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (printed): _____

Home Phone: _____

Cellphone: _____

Work Phone: _____

Please note any Medical information necessary, if any:
