



ALL-STAR CHEER TEAM TRY-OUTS  
BRING THIS COMPLETED FORM TO TRY-OUTS  
MAKE CHECKS PAYABLE TO *ATHLETIC PERFECTION* – CREDIT CARDS ACCEPTED

NAME \_\_\_\_\_ AGE \_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT TRY-OUTS? \_\_\_\_\_

I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in allowing my child to participate. I agree to indemnify and hold harmless *Athletic Perfection* and their employees against any and all liability for any injury, which may be suffered by my child arising out of or in any way connected with participation in the programs sponsored by *Athletic Perfection*. I agree to let *Athletic Perfection* use pictures of my child on its website and for future advertisement.

My signature indicates that I am aware of and understand how this program will be conducted. I further understand that no refunds will be given unless the activity cancelled.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Parent's Signature

Date