

Please bring this form with you to tryouts. A parent must sign this release for you to participate. Thank you!

TRYOUT WAIVER FORM - PLEASE PRINT

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child to participate in cheerleading tryouts on \_\_\_\_\_. I understand that neither the cheerleaders, coach, nor Wartburg College is responsible for accidents and/or injury to the participants. In case of emergency, please contact (Name) \_\_\_\_\_ at # \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please list any medical condition that we should be aware of: \_\_\_\_\_

\_\_\_\_\_