

Tryout Release Form

Please read the information below *carefully*, then sign in the appropriate spaces provided.

Application Release (for cheerleader applicant):

I, _____ (printed **applicant** name), have read all rules and regulations listed in the Shawnee Mission East Cheer Constitution, which can be found online at <http://www.smecheer.com> (on the Documents page). I understand the financial obligations and time commitments as listed in the Cheer Constitution. I acknowledge that the rules and regulations listed in the Cheer Constitution govern the Shawnee Mission East Cheerleading Program, and as a representative of my school, I understand and agree to abide by them if selected as a cheerleader for the 2019-2020 school year.

Signature of Student: _____ Date: _____

Parental Release:

I, the undersigned, have read and fully understand the rules and regulations that will govern my son or daughter if s/he is chosen to represent Shawnee Mission East High School as a cheerleader. I further understand that this is a voluntary extracurricular activity, and that attendance at all practices, games, special functions, and summer camp is a requirement of the elected cheerleader. I also understand that my student will be subject to the appropriate penalties or dismissal if s/he does not abide by the rules as listed in the SME Cheer Constitution.

I hereby give consent to my son/daughter, _____ (printed **applicant** name) to try out for the cheerleading program at Shawnee Mission East High School, and recognize his/her responsibilities and requirements as a leader of the school. I understand that, if chosen, my son/daughter will be required to pay for cheer camp, practice clothes, uniforms, and other items to complete his/her uniform (shoes, etc.). Further, I understand that school and/or personal insurance must cover my son/daughter, and that I must take my son or daughter to see a doctor/provide a doctor's release should s/he be suspected of having a concussion or being injured. I give permission for my child to receive medical attention in the event that I cannot be present or reached for any reason.

Signature of Parent: _____ Date: _____