

**DULUTH HIGH SCHOOL
CHEERLEADING
PARENT PERMISSION FORM**

I give permission for _____ to try out for cheerleading at Duluth High School. **I understand that the coaches choose their teams and I will support their decision.**
(print student name)

I have read the Cheerleading Constitution as well as the Cheerleading Guidelines and Standards and cheer Contract and will help my child obey all these rules and guidelines and face any consequences that he/she may receive if he/she does not do so. I have read and studied the financial projections for the 2016-2017 school year and will meet the financial and personal responsibilities for participating in the cheerleading program. I realize that failure to do so may result in consequences as severe as dismissal. I also understand that the cheerleading season begins in April 2016 and ends at the end of the year banquet. I understand that should my child be removed from the squad for any reason, there is no refund. If my player contributions are not paid before Cheerleading Camp in the summer, I understand that my child is not allowed to participate and may be removed from the squad as a result. I understand that there will be a \$35.00 fee for any returned checks I may write. I understand that if I am not present at a meeting to make a payment, I should contact the head cheerleading coach to arrange to make my payment early. I understand that the uniform fee is a rental fee. All uniforms must be returned at the end of the season or my child's name will go on the fines list with DHS. I agree that no alterations will be made to the uniforms.

I understand that all of my player contributions are due up front and I may offset part or all of the money by participating in the fundraising opportunities that are made available to me. I understand that when school transportation is provided it is mandatory for my child to ride to games on the bus. Otherwise, I will provide transportation for my child to and from all scheduled events. I hereby relieve the school and cheerleading coaches of any liability as a result of an accident incurred while serving in this capacity and know of no restrictions that should be placed upon my child due to past injury or illness.

If I have further questions or concerns regarding the tryout process or the cheerleading program, I will contact Laurel Murphy at Laurel_Murphy@gwinnett.k12.ga.us

Signature _____ Date _____