

BSBC TRYOUT /CLINIC CONSENT FORM

MY DAUGHTER/SON _____ HAS MY PERMISSION TO PARTICIPATE IN TRYOUTS/AND OR CLINIC (circle one or both) FOR THE BARNSTABLE SILVER BULLET CHEERLEADERS. I UNDERSTAND, LIKE ALL SPORTS, THAT CHEERLEADING CAN CAUSE ACCIDENTAL INJURIES AND THAT THE CHEERLEADERS WILL BE DOING SOME STUNTS AND GYMNASTICS. I AM ALLOWING MY SON/DAUGHTER TO PARTICIPATE AT HIS/HER OWN RISK.

PLEASE PRINT CLEARLY

CHILD'S NAME _____
DATE OF BIRTH _____ GRADE IN SEPTEMBER 2008 _____
PARENT'S NAME _____ PHONE # _____
SIGNED _____
STREET ADDRESS _____
TOWN _____ ZIP CODE _____
FAMILY PHYSICIAN _____ PHONE _____
MEDICAL INS. CO. _____ POLICY # _____
ALLERGIES _____
MEDICATIONS CURRENTLY BEING TAKEN _____
CONTACT, IN CASE OF EMERGENCY _____
PHONE # _____ # YEARS IN PROGRAM _____

1. REGISTER FOR TRYOUTS May 14,15 and 16 (Registration fee \$125.00)
2nd child \$100 3rd child \$75
2. REGISTER FOR THE PRE TRYOUT CLINIC May 3 (fee \$15.00)

PLEASE ENCLOSE SEPARATE CHECKS FOR EACH EVENT-PAYABLE TO BSBC
Forms must be postmarked no later than April 28

ADMINISTRATIVE USE ONLY:

Participate /Con. Try/Clinic Con. Stunt Emerg. Code Conduct
Registration _____ Check # _____ Cash _____
Clinic _____ Check # _____ Cash _____