

THIS MUST BE COMPLETED BEFORE PARTICIPATING IN OUR CHEER CLINIC AND TRYOUTS FOR LAKELAND CHEER

**PARENT RELEASE FORM
LHS CHEERLEADING/MASCOT TRYOUTS 2016**

Student's Name: _____

Parent's Name: _____

Parent Contact Number: _____

I, _____, parent and/or guardian of _____, a minor, do hereby release the Lakeland High School Cheerleading Coaches of all liability should there be an injury to my child in the care of the Lakeland High School Cheerleading Coaching personnel. I further give Lakeland High School Cheerleading Coaching personnel the authority to take any action deemed necessary in their judgment in the event that they are unable to contact me and there has been an injury, either minor or major, to my child. I have read and fully understand the contents of this authorization and release, and am signing of my own free will.

Signature of Parent/Guardian: _____ Date: _____

If you have any questions or concerns, please email dcashman@lakeland272.org

Thanks,

Lakeland Cheer Coaching Staff

Debra Cashman

Samantha Russo