**Student Tryout Permission Form**

I am interested in becoming a member of the Germantown High School Dance Team. I have read the teams’ bylaws, as well as the rules and regulations. If chosen, I agree to abide by both these documents and any additional rules set forth by the coach(es) and school. I understand that all forms, including this one, must be completed and turned into the coach by the last day of tryout clinics, or I will not be allowed to tryout.

**Student Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Birthday**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student School ID #** \_\_\_\_\_\_\_\_\_\_\_ **Student Grade Level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Parent Information:**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_**

**Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Tryout Permission Form**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to become a member of the Germantown High School Dance Team. I understand that she/he must abide by the bylaws, as well as the rules and regulations, set forth by the coach(es) and GHS. I have read both of these documents and understand that the violation of any of the bylaws or rules may lead to temporary or permanent suspension from the team.

Qualified judges/coaches evaluate my child during tryouts, and I agree to abide by the decision of the head coach. I realize this is a competitive tryout and not everyone will make the team.

I also understand that the very nature of the activity carries some risk of physical injury. No matter how careful participant and coach are the risk cannot be eliminated. I understand these risks and will not hold Memphis – Shelby County School District, Germantown High School or any of its personnel, including the coach, responsible or liable in the case of accident or injury at any time.

I recognize and accept the responsibility of the costs involved as stated in the bylaws. In addition, I realize that this is a team effort and at times, I may be called upon throughout the year to help in various ways, and I will make every effort to do my share of assisting the team on behalf of my child.

I understand that all forms, including this one, must be completed and turned into the coach by the last day of tryout clinics, or my child will not be allowed to tryout.

**Parent Signature:** x **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**