

MEDICAL RELEASE/PARENTAL PERMISSION FORM

I have read, understand, and accept the rules and regulations set for the cheerleaders as well as the penalties for failing to comply. I agree to abide by these rules, regulations, and penalties as long as I am a member of the FMHS cheerleading squad.

Signature of candidate _____

_____ (Print candidate's name) has my permission to participate as a member of the Flower Mound High School cheerleading squad. I understand and accept the rules and regulations set up for all of the cheerleaders, as well as the penalties for failing to comply. I will assist in any way to see that all of the rules and regulations are enforced.

While I expect school authorities to exercise reasonable precaution to avoid injury, I understand that they assume no financial obligation for any injury that might occur.

I agree to pay costs involved to the coaches on the following schedule

1. March 20th 2012 - \$350.
2. May 18th 2012 - final payment (will differ individually)

I understand that if these payments are not received, my child will not have uniforms ordered and will be removed from the position of cheerleader.

DATE _____

PARENT/GUARDIAN _____ (please print)

_____ (signature of parent/guardian)

