

Parent or Guardian Permission and
Medical Release Form
Due Thursday, November 21, 2019

I hereby give my consent for the student named below to participate and try-out for the Cypress Ridge HS Dazzler Dance Team. My child is physically able to try-out without physical harm. I also give my permission and authorize the school's representative to bestow such medical attention as necessary for the welfare of the student in the event she is injured or ill while involved in the school activity. I understand that the school and the Drill Team Director are not financially responsible for any injuries / illness that may occur.

Please print the following information neatly.

Hopeful's Name: _____

Student ID #: _____

Current Grade Level: _____

Address: _____

City: _____ State: ____ Zip code: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Insurance Company: _____

Policy Number: _____

Parent / Guardian Signature: _____

Please note that this form must be complete and on file with the Drill Team Director before the hopeful will be allowed to try-out or practice with the team.