



Trabuco Hills High School Pep Squad

CONTRACT

Participant Name: _____ Participant Cell: _____

Participant Address: _____

Participant Home Phone: _____

Participant Email: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Mother's Email: _____ Father's Email: _____

Parent's Work Phone: Mother: _____ Father: _____

Current Grade: _____ School Currently Attending: _____

Position Desired: Circle One - Varsity Cheer Varsity Song JV Cheer

- We have reviewed our son's/daughter's academic performance and agree he/she meets the academic eligibility requirements for Pep Squad tryouts.
- We have read the Pep Squad Contract and have discussed its implication with our son/daughter.
- Our son/daughter has NO health problems which would be aggravated by participation in tryouts or participation in Pep Squad.
- We consent to our son/daughter trying out for Pep Squad. If selected, we will comply with all rules and regulations as stipulated in the contract, SVUSD Administrative and Board Policies, the Athletic Code and THHS Booster Club Bylaws and Standing Rules.
- This contract also serves as a release of liability waiver. In case of injury, we will not hold THHS or any of the staff responsible.
- We acknowledge that the decision of the judges, and the selection process, is final.
- I have read and agree to the Summer Schedule document.
- I have read and agree to the Grading Scale document.

Parent/Guardian Signature: _____ **Date:** _____

Candidate Agreement: I have read the entire Pep Squad Contract and am willing to fulfill all the requirements as described and listed. If selected, I agree to comply with all the rules and regulations as stipulated in this contract and SVUSD Administrative and Board Policies, and THHS Booster Club Bylaws and Standing Rules.

Participant Signature: _____ **Date:** _____