

Please securely
attach a photo
of yourself here
(should be a
head shot)

First Name

Last Name

Email Address

Phone Number

I am interested in trying out for (please check one) Cheerleading Songleading Both

Agoura High School Spirit Team
Charger Girl and Stuntman

AGREEMENT

I have read and understand the Agoura High School Spirit Team Rules and Regulations and Safety Guidelines. I agree to follow the rules, policies, and obligations set forth in these documents. I will abide by such rules, regulations, and guidelines and will fully cooperate with other team members and the Coach.

*Spirit Team Member Candidate: _____

*Date: _____ Print Name

I _____ am aware that my
child _____ is trying out to be a Cheerleader or
Songleader on the Agoura High School Spirit Team. I give them my
permission to participate in all clinics, evaluations and tryouts associated
with this process.

*Parent/Representative Signature _____ *Date: _____

SPIRIT TEAM DIRECTORY

****MEMBER INFORMATION****

Please Print

Grade in Fall _____
Last Name _____
First Name _____
Date of Birth _____
Home Phone Number _____
Cell Phone Number _____
E-Mail Address _____
Address _____
City and Zip Code _____

Mother's Last Name _____
Mother's First Name _____
Mother's Home Phone _____
Mother's Cell Phone _____
Mother's E-Mail _____
Mother's Address _____
City and Zip Code _____

Father's Last Name _____
Father's First Name _____
Father's Home Phone _____
Father's Cell Phone _____
Father's E-Mail _____
Father's Address _____
City and Zip Code _____

TRYOUT/SUMMER ATHLETIC PARTICIPATION FORM

I authorize my son/daughter, _____ to participate in the District sponsored activities of: athletics,
Please print

Cheerleading, and/or any other extra-curricular activities.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |
| | 9. Concussion |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by my son/daughter that is incident to, and/or associated with, preparing for and/or participating in this activity.

A signed PRE-SEASON/SUMMER ATHLETIC PARTICIPATION FORM must be on file before a student will be allowed to participate. I acknowledge that I have carefully read this PRE-SEASON/SUMMER ATHLETIC PARTICIPATION FORM and that I understand and agree to its terms.

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission to a physician to administer emergency treatment to the above named student. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian or participant.

PARENT OR GUARDIAN'S PERMISSION

I hereby give my consent for the above named student to compete in the Las Virgenes High School approved activity program (athletics, Cheerleading, pep squad, music, drama, etc.) and travel with the school representative on authorized school trips. I, the undersigned, hereby release and discharge the LVUSD, officers, employees, agents, servants and volunteers (herein collectively referred to as "District") from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, caused of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any other person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described activity and that results from any cause other than the negligence of the District.

Parent acknowledges and it is highly recommended that your son/daughter has had a physical within the last 12 months and is not limited in his/her activities.

PARENT NAME: _____ PHONE NO. _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: NAME _____ PHONE NO. _____

HEALTH INSURANCE: _____ CERT. NO. _____ PLAN NO. _____

TRYOUT SUMMER AND OFF-SEASON EMERGENCY CARD

(Separate form is required for each sport)

PLEASE PRINT CLEARLY

STUDENT'S NAME:

GRADE: _____

(LAST) (FIRST)

SPORT/ACTIVITY: _____

ADDRESS: _____
(STREET)

BIRTHDATE: _____

(CITY) (ZIP CODE)

MOTHER'S CELL # _____

Mother's Email Address: _____

MOTHER'S WORK # _____

Father's Email Address: _____

FATHER'S CELL # _____

Student's Email Address: _____

FATHER'S WORK # _____

HOME PHONE # _____

MOTHER'S NAME (PLEASE PRINT): _____

FATHER'S NAME (PLEASE PRINT): _____

EMERGENCY CONTACTS OTHER THAN PARENTS:

NAME _____ PHONE: (____) _____

NAME _____ PHONE: (____) _____

CONSENT FOR EMERGENCY TREATMENT:

I hereby give permission to a physician to administer emergency treatment to the above student.

*SIGNATURE OF PARENT/GUARDIAN: _____ Dated: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: (____) _____

ANY KNOWN ALLERGIES OR PERTINENT HEALTH INFORMATION:

INSURANCE CERTIFICATION: INSURANCE COMPANY NAME: _____

INSURANCE CO. ADDRESS: _____

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthesia, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

*SIGNATURE OF PARENT/GUARDIAN: _____ Dated: _____

Student's name _____

Current Grade _____

PROPECTIVE SPIRIT TEAM MEMBERS

Your assistance in evaluating the student's current performance is appreciated

PERIOD	ATTITUDE	ATTENDANCE	WORKING TO ABILITY	LETTER GRADE	COMMENTS	SIGNATURE
1	~Positive ~Talkative ~Poor or defiant	~good ~okay ~excessive tardies or absences	~on track ~falling behind ~doing poorly			
2	~Positive ~Talkative ~Poor or defiant	~good ~okay ~excessive tardies or absences	~on track ~falling behind ~doing poorly			
3	~Positive ~Talkative ~Poor or defiant	~good ~okay ~excessive tardies or absences	~on track ~falling behind ~doing poorly			
4	~Positive ~Talkative ~Poor or defiant	~good ~okay ~excessive tardies or absences	~on track ~falling behind ~doing poorly			
5	~Positive ~Talkative ~Poor or defiant	~good ~okay ~excessive tardies or absences	~on track ~falling behind ~doing poorly			
6	~Positive ~Talkative ~Poor or defiant	~good ~okay ~excessive tardies or absences	~on track ~falling behind ~doing poorly			