

Sign and return at the start of the clinic

Athletic Agreement Form

Athletes will not be eligible to participate in the Clinic or Tryouts without completing this form.

CHEERLEADERS AND POM DANCERS ARE RESPONSIBLE FOR PAYING THE COST OF CHEER RELATED FEES AND PERSONAL ITEMS INCLUDING, BUT NOT LIMITED TO: CAMP, UNIFORMS, GEAR.

X _____
Parent/ Guardian Signature

X _____
Date

X _____
Student Athlete Name Print

X _____
Date

Student Athlete- Please initial:

_____ I understand the standards morally, ethically, and academically at which I will be held.

_____ I will represent my school, squad, and coaches at all times.

_____ I acknowledge that I am expected to attend all practices, games, camps, and school related performances.

BY SIGNING HERE I AM COMMITTING TO THE SANTA MONICA HIGH SCHOOL PEP SQUAD UNTIL SPRING OF 2025.

STUDENT ATHLETE SIGNATURE

DATE

I ACKNOWLEDGE THE EXPECTATIONS FOR MY CHILD AND GIVE PERMISSION FOR THEM TO TRYOUT.

PARENT/GUARDIAN SIGNATURE

DATE