

# HQ CHEER Tryout Registration Form

Participant's Name:

DOB:

Age:

Current CHEER or Gymnastics Level:

Mother's Name:

Home Phone:

Cell Phone:

Email:

Father's Name:

Home Phone:

Cell Phone:

Email:

How did you hear about tryouts?

## FOR HQ STAFF:

Tryout Date:

Score:

Pass: YES NO

Notes:

## HEALTHQUEST TRYOUT PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL HQ CHEER TRYOUT ACTIVITIES. SHE is in good health and may participate fully.

By giving my child (name) \_\_\_\_\_ permission to participate in all HQ CHEER Tryout activities, I acknowledge that any activity involving height and motion (such as cheer, gymnastics and dance) involves risk of injury, ranging from minor injuries (such as bruises and sprains) to serious or even catastrophic injuries (such as permanent paralysis) or even death. I hereby release the HealthQuest of Central Jersey L.L.C, Cheer Coaches, Gymnastics Coaches, Instructors, Agents, Employees, and Owners from any claims for damages persons or property which might arise as a result of an accident occurring while (name) \_\_\_\_\_ is participating in the HealthQuest of Central Jersey, L.L.C, CHEER and Gymnastics Programs, including tryouts, class participation, shows, and competitions, and the transportation to such shows and competitions.

In case of a medical emergency, I authorize HealthQuest of Central Jersey L.L.C, Staff, the Cheer and Gymnastics Administration, the Head Coach, or other assigned personnel to seek emergency medical care of my child as deemed necessary by the HealthQuest of Central Jersey L.L.C, Administration, the Head Coach and/or medical professional.

PARENT'S SIGNATURE

DATE