

MONTFORD MAJORETTE LINE TRYOUTS 2019-2020 PERMISSION FORM

Student Name

2019-2020 Grade

Age

Address with zip code

Parent/Guardian #1 (print)

Parent/Guardian #2 (print)

Emergency Contact #1 Phone #
& Relationship to Majorette

Emergency Contact #2 Phone #
& Relationship to Majorette

Parent/Guardian #1 (print) email address

Parent/Guardian #2 (print) email address

Physician's Name

Office Phone

Allergies

Y N

Medical Concerns

Y N

Please explain any allergies or medical concerns:

I give my student permission to try out for the Montford Majorette Line. I realize that the tryout clinic is on April 16th from 4:30-6:30 pm in the gym with judging occurring on Thursday April 18th starting at 4:30. This process may take as long as 7:00pm. Nevertheless, I will pick up my student within 20 minutes of the call to retrieve him/her and will make sure they are picked up no later than 6:35 on the clinic days. The 2019-2020 team will be posted on the Majorette website by noon on April 20th. If my student makes the team, I, or another guardian, agree to attend the mandatory informational meeting on Monday April 22nd at 6:30 in the Montford cafeteria.

Student Signature

Date

Parent/Guardian Signature

Date