



TRABUCO HILLS *Pep Squad*

REQUIRED CONTRACT AGREEMENT

Athlete's Name: _____ Athlete's Cell: _____

Athlete's Address: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

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

Grade for **25/26** School Year: _____ School Currently Attending: _____

- We have reviewed our child's academic performance and agree they meet the academic eligibility requirements for Pep Squad tryouts.
- We have read the Pep Squad Contract and have discussed its implications with our child.
- Our child has NO health problems which would be aggravated by participation in tryouts or participation in Pep Squad.
- We consent to our child 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 Booster Club, THHS or any of the staff responsible.
- We acknowledge that the decision of the judges, and the selection process, is final.

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

Candidate Agreement: I have read the entire Pep Squad Contract, and I 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.

Athlete Signature: _____ **Date:** _____