

Jenks Pom Tryout Form 2017-2018

Name _____ Student Number _____

Birthday _____ Grade (next year) _____

I, _____, give my child, _____, permission to participate in the 2017-2018 pom tryout clinic. I am aware that the athletic nature of this activity could lead to injury and agree not to hold the school or those in charge responsible. The following information must be filled in before your daughter may tryout.

Parent Email Address: _____

Daughter's Email Address: _____

Parent Emergency Contact Name: _____

Phone Number: _____

I have read the Jenks Pom Contract and the Pom Booster Club By-Laws at www.jenkspom.com and agree to abide by the rules and guidelines.

Signature of Parent: _____

Signature of Student: _____

Please send this form along with the last report card and a check for \$35.00. Please make your check payable to Jenks Pom.

Cost of Pom per Year:

Varsity	\$3,900. - \$4,300.
JV	\$3,900. - \$4,300.
Freshmen	\$3,900. - \$4,300.
8 th Grade	\$2,500.