

2011-12 WORLD CLASS ELITE ALL STAR TRY-OUT PACKET

Please turn in your completed try-out packet to the front desk by April 28, 2011 (\$35 fee) or May 12, 2011 (\$35 fee). If you do not have a medical release form on file at WCGC, please print one off www.wcgymnastics.com and turn in with this packet. **We also need a copy of your birth certificate attached to this packet.**

Cheerleader's Name _____

Age as of 8/31/2011 _____ Date of Birth (mm/dd/yyyy) _____

Have you cheered before? ___ YES ___ NO If so, where? _____

Are you willing to cheer for any level World Class Elite team? ___ YES ___ NO

I UNDERSTAND ALL TEAM RULES OF THE WORLD CLASS ELITE ALL STAR AND WILL ABIDE BY THEM. I UNDERSTAND THAT ONCE I AM PLACED ON A WORLD CLASS ELITE SQUAD, FAILURE TO FOLLOW THROUGH WITH THE CONTRACTED SEASON MAY PROHIBIT ME FROM PLACEMENT ON A WORLD CLASS ELITE SQUAD IN THE FUTURE. I UNDERSTAND THAT ALL GYM TUITION AND COMPETITION EXPENSE PAYMENTS ARE NON-REFUNDABLE.

Participant's signature _____ Date _____

Parent's signature _____ Date _____

Practice Clothes Sizes:

T-Shirt: YXS YS YM YL AS AM AL AXL

Shorts: YXS YS YM YL AS AM AL AXL

Please list a cell phone where we can reach you during the try-out process _____

If someone referred you, please let us know so we can credit their account