

**EDINA HORNETTES TRYOUTS 2019
PERMISSION FORM**

I give my child, _____, permission to tryout for 2019 Edina Hornets. I have read the team guidelines and fully understand the commitment to this program. Furthermore, I will support my child to the best of my ability in adhering to these guidelines, should she/he be selected for the team.

We understand that not everyone can make the team(s) or his/her preferred choices. We understand that this is a Fall performance team and will not perform at any Spring events, with the exception of the Alex's Lemonade Stand performance. **We will accept the judges' decision as final.**

Parent/Guardian's Signature

Student's Signature

Student Information (please write clearly)

Student's Full Name: _____ **2019-2020** Grade: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Student's cell phone: _____

Student's email address: _____

Parent/Guardian's Name: _____

Parent/Guardian phone: _____

Parent/Guardian's email address: _____

Tryout results will be communicated by email Thursday, May 23rd.