Coyote Hip Hop Team
Tryout Application

Applicant Name_____

Grade Level (2020-2021)_____

Applicant's Email Address: _____

Applicant's Cell Phone #: _____

Applicant's Home Phone #: _____

Applicant's Birth Date: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Cell Phone #: _____

Other Phone #'s: _____

Tryout Agreement

I/We, the parents of _____, have read the tryout information packet and understand all the requirements for participation in the Calabasas High School Hip Hop Team. We realize that Coyote Hip Hop is a team effort and that we may be called upon to help throughout the year. We will make effort to do our share of assisting on behalf of our daughter/son.

X_____
PARENT/GUARDIAN (1)

X_____
PARENT/GUARDIAN (2)

I, _____, have read the tryout information packet and understand what is expected of me if selected to be a member of the Coyote Hip Hop Team I will do all I can to uphold the honor and tradition of the CHS Hip Hop Program, and respect my classmates, my school, my teacher, my choreographers, and all persons associated with Calabasas High School.

X _____
APPLICANT