

## Spectacular Opt-Out Form

Association: \_\_\_\_\_

**Directors:** This form is to be given to each parent whose child will not be participating in the CCL Spectacular competition. This is due with registration for competition.

**Parents:** Coaches, Assistant Coaches and Directors do not have the authority to judge your child's ability whether it is mental or physical to exclude them from participating with their team during competitions. Our goal is to have every cheerleader participate. We would like to know why you have chosen NOT to allow your child to participate in the CCL Spectacular Competition.

Name of Cheerleader: \_\_\_\_\_

Squad: \_\_\_\_\_

Reason for opting out: \_\_\_\_\_

\_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

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