

LONG VALLEY COMPETITION CHEERLEADING Association

My child, _____ has my permission to participate in the sport of Competition Cheerleading offered through the Long Valley Competition Cheer Association.

As her parent / guardian, I acknowledge the physical hazards that may be encountered in this sport and I give permission for her:

1. To participate in all competition
2. To be transported to and from any practices and/or competitions

I certify that:

1. My child has not been hospitalized for surgery or has not had a major illness or injury since the date of her last physical exam and is not under the care of a physician.
2. My child is currently on medications yes / no

If yes, please list _____

Parent/Guardian Signature

Date

PHYSICIAN STATEMENT

I have examined _____ and find her to be physically able to participate in the sport of Competition Cheerleading.

Date of Last Exam _____

Signed:

Physician Signature

Date