

The Long Valley Raiders Cheerleading Association

Medical Permission Form

Form to be completed and returned to your child's head coach by the first practice (in August)

****TO BE COMPLETED BY PARENT OR GUARDIAN:**

Name of Participant		Date of Birth:	
Home Phone:		Cell Phone:	
Street Address:			
City:	State:		Zip:

Team Level: (check one)

Varsity: ___ JV: ___ PW: ___ SPW: ___ Clinic: ___ Pre Clinic: ___ Flag: ___

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

NOTE TO PARENTS:

Physical examinations must be completed and turned into your child's head coach prior to or on the first day of practice in order for your child to participate.

**** TO BE COMPLETED BY PHYSICIAN:**

NAME OF PARTICIPANT:

HAS BEEN EXAMINED BY OUR OFFICE AND HAS BEEN FOUND TO BE PHYSICALLY FIT TO PARTICIPATE IN THE Long Valley Raiders Cheerleading program for the 2016 Season

Height:

Weight:

Physician's Signature: _____ Date: _____

Physician's Stamp: _____