



PO Box 175
Sarver, PA 16055
(724) 353-9000

MEDICAL PARTICIPATION RELEASE FORM
2009-2010 Season

Participant's Full Name: _____ Social Security Number: _____

The above stated athlete has expressed plans to participate in the sport of Competitive Cheerleading. This sport is physically demanding. It requires endurance, stamina and strength to safely perform the activities that comprise the sport.

Participation in this sport is voluntary and requires the ability to practice multiple times weekly for up to 4 hours at a time (depending on age). Additionally, the sport requires the ability to jump, stunt (lift or be lifted by other team members), tumble and dance repeatedly throughout practices and performances.

Flo's Gymnastics and FCA Gems is calling this to your attention because each participant must be able to do the above mentioned activities without limitations or restrictions.

I, _____, have read the above requirements of Flo's Gymnastics
(Physician's Name*)

and FCA Gems for competitive cheerleading and have physically examined this individual. I do

release _____ to participate in Competitive Cheerleading for the
(Athlete's Name)

2009-2010 season.

Physician's Signature*

Date

Physician's Name:
*(MD, DO, NP, PA) _____

Physician's Address: _____

Physician's Phone Number: _____