

Stateliner Cheer Clinic 2022

Medical Information, Consent, & Liability Release (Permission Slip)

This form must be read and filled out completely by each participant's parent or guardian.

Cheerleader's Name: _____

Team Name: _____

Home Address: _____

Home Telephone: _____

In case of emergency please call:

1. Name: _____ 2. Name: _____
Daytime phone: _____ Daytime phone: _____ Relationship to
cheerleader: _____ Relationship to cheerleader: _____

Insurance Company: _____

Policy Number: _____

Any medical conditions and or allergies that your daughter suffers from, please describe below:

I, _____, give my child, _____, permission

Parent/ Guardian's Name

Participant's Name

to participate in the Phillipsburg High School Cheerleading Clinic on 7/27/2022-7/30//2022. I am aware of the obvious risks involved in the sport of cheerleading. I realize that all necessary precautions will be taken to ensure safety, but understand that the nature of cheerleading and all gymnastic activity involves the risk of paralysis, serious injury, and even death. I give my consent that, should an accident occurs, my child is taken to a medical facility and treated if necessary. By signing this document, I give my daughter/son permission to participate in the clinic and release Phillipsburg High School, the PHS Cheerleading coaches, and the Phillipsburg Cheerleaders from liability for any injuries sustained through participation.

Parent / Guardian Signature

date signed