

GREEN HORNETS



CHEERLEADING

2010-2011

Medical Release Form

I, _____, give my child, _____, permission to participate in the Severna Park Green Hornets (SPGH) Cheerleading program. I realize there are risks involved and there is a possibility of injury or illness to my child. I understand and agree to not hold the volunteers of SPGH Cheerleading liable for any injury my child may sustain. I also permit SPGH to remove my child from any stunting activity as necessary to insure the safety of each participant. I am aware that all stunting is supervised and that mats are not used when outdoors. I reserve the right to not allow my child's participation in stunting activities.

Cheerleader's Name _____

Grade _____ Date of Birth _____

Medical Concerns/Allergies _____

Parent Name _____ Cell Phone # _____

Emergency Contact /Relationship _____

Emergency Phone Number _____

Parent's Signature _____ Date _____