

Severna Park Green Hornets Cheerleading Medical Release Form

I, _____, give my child, _____, permission to participate in the SPGH Cheerleading Program. Realizing the risks involved in all sporting events the possibility of injury or sickness to my child. I understand and agree to not hold SPGH Cheerleading Commissioner and/or coaches liable for any injury my child sustains. I also permit the SPGH Cheerleading program to sustain my child from any stunting activity if they do not comply by the organizations rules and requests. I am aware that all stunting is supervised and assisted in a full circle capacity and that mats are not used when outdoors. I also hold the right not to allow my child to perform any stunts due to the chance of injury.

Cheerleaders Name _____

Grade _____ Date of Birth _____

Medical Concerns _____

Health Insurance Provider _____ Group# _____

ID# _____ Phone# _____

Emergency Contact/Relationship _____

Phone Number _____

Parents Signature _____ Date _____

Michele Michael
Commissioner

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