

GALAXY YOUTH CHEER LEAGUE

PHYSICIAN STATEMENT FORM

I have examined or know _____
First Name Last Name

to be in good health and is able to participate in the normal activities of Amateur All Star Youth Cheerleading.

Parent(s) and/or Doctor, please list all known conditions/illnesses/allergies or prior injuries which would/could affect Emergency Medical Treatment.

ILLNESSES	ALLERGIES	PRIOR INJURIES
CURRENT MEDICATIONS		

Physician Name: _____

Address: _____

Telephone Number: _____

Physician Signature _____ Date _____

NOTE: THIS STATEMENT MUST BE COMPLETED AND DATED AFTER AUGUST 1 OF THE CURRENT SEASON.

I/We hereby represent that the league medical form is complete, up to date and accurate with my child's medical history, and that my child has been deemed physically fit to participate in cheerleading by their personal physician (MD).

Signature of Parent/Guardian _____ Date _____