

VALLEY YOUTH CONFERENCE

Cheerleading Division

PARENTS MEDICAL CLEARANCE AND PERMISSION TO PARTICIPATE

VALLEY YOUTH CONFERENCE CHEERLEADING DIVISION strongly recommends that children have a medical check-up by a physician prior to participating. To participate in this Conference, the child's parent or guardian MUST fill out one of the statements below and sign at the bottom.

I am aware that Cheerleading is a physically demanding sport that requires strenuous effort to participate. I am not aware of any medical or physical condition(s) of my child (*name listed below*) that would limit her participation in the VALLEY YOUTH CONFERENCE CHEERLEADING program.

PLAYER _____

CLUB _____

East Valley Trojans

My Child _____ has the following medical or physical condition(s) that are of concern to me: _____

Clearance to play VALLEY YOUTH CONFERENCE CHEERLEADING DIVISION has been obtained through the following medical channels (including tests, examinations and evaluations) and approval to participate has been given by signature of Doctor indicated:

Dr. _____

Date _____

Performance Enhancing Substances – The Valley Youth Conference, its member organizations and representatives of these organizations shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____