



**PHYSICIAN RELEASE**

*Parent/Guardian please fill out this section prior to doctor's appointment:*

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician Phone #:** \_\_\_\_\_

Parent/Guardian indicated during online registration and/or in conversation with coach/program administration that the above-named student has a previous injury or medical condition that may affect participation in cheer/dance activities.

**Injury/Medical Condition:**

\_\_\_\_\_

**PHYSICIAN ONLY:**

\_\_\_ Student not cleared for participation.

\_\_\_ Student cleared for participation.

\_\_\_ Student cleared for participation with the following restrictions (check all the apply):

\_\_\_NO Stunting                      \_\_\_NO Tumbling

\_\_\_ Other (list specific activities/exercises restricted):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Physician Signature / Date**

\_\_\_\_\_  
**Parent/Guardian Signature / Date**