

# 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, this child's parent or guardian **MUST** fill out one of the statements below and sign at the bottom of this form.

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 should limit her participation in the VALLEY YOUTH CONFERENCE CHEERLEADING program.

PLAYER \_\_\_\_\_ CLUB \_\_\_\_\_

OR

My Child \_\_\_\_\_ has the medical or physical condition(s) listed below that I am aware of, and, it is one which I feel the VYC should be aware of as well. As the parent/guardian of this child, I take full responsibility for obtaining clearance of a Physician prior to allowing my child to participate in this sport.

Clearance to participate in the 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:

Doctor's signature: \_\_\_\_\_ Date \_\_\_\_\_

Doctor's information [ex: license #, phone #, etc.]. \_\_\_\_\_

**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 \_\_\_\_\_