

# 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 \_\_\_\_\_