

**Gladstone Youth Cheerleading
MEDICAL RELEASE**

I hereby release _____ to participate in Youth Cheerleading during the upcoming cheerleading season.

List any Allergies or Other Medical Condition:

Doctor/ Nurse Practitioner Name (please print): _____

Doctor/Nurse Practitioner **SIGNATURE***:

Doctor/ Nurse Practitioner Phone: _____

Date _____ (This form must be signed after February 1st, this current year)

***NOTE:** This form needs to be physically signed by a Doctor or Nurse Practitioner. A stamped signature will NOT be accepted. This form must be turned into the appropriate football league BEFORE player can receive any equipment and participate in practice. A fax or copy of the original will be accepted.

I understand all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by Tualatin Valley Youth Football League / Gladstone Youth Cheerleading.

Parent / Guardian (please print): _____

Parent / Guardian (signature): _____

Date: _____