

Rex Putnam Youth Cheer, Inc.

Medical Release Form

I hereby release _____ to participate in the Rex Putnam Youth
(full legal name) Cheer, Inc. program for the 2015 Fall cheerleading season.

Date of Birth: _____

List any Allergies or Other Medical Conditions : _____

Primary Care Physician Name (print): _____

Primary Care Physician Signature: _____

Primary Care Physician Phone: _____

Date: _____

(This form must be signed after February 1, 2015)

IMPORTANT NOTE: This form must be turned in to Rex Putnam Youth Cheer, Inc. **before** your child can participant in any practice, game or other RPYC event.

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 Rex Putnam Youth Cheer, Inc.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date: _____