

YORK CHEERLEADING WAIVER FORM

IMPORTANT: In order to be able to participate in tryouts, you must sign this consent form. **PARTICIPANTS WILL NOT BE AVAILABLE TO TRYOUT WITH THIS SIGNED FORM.**

Name: _____ Student Number: _____

Contact Number: _____ Other Number: _____

Parent/Guardian: _____ Number: _____

Health Card Number: _____ Date of Birth: _____

I, the undersigned have read and fully understand the rules and regulations which will govern my son/daughter is he/she is chosen to represent the York Cheerleading Program as a cheerleader. I further understand that this is an extracurricular activity and hat attendance at all practices, games, special functions, and summer camp is a requirement to this program.

I _____ also acknowledge, understand and agree that in participating in the York cheerleading program, there is a possibility of physical injury/illness and that my son/daughter is assuming risk of such illness/injury by his/her participation.

In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the York Cheerleading Coaching Staff to seek medical treatment for my son/daughter.

Parent/ Guardian** Name _____ Date: _____

Parent/Guardian** Signature _____ Date: _____

**Athletes 18 years or older can sign for self

Witness to above signature _____ Date: _____