

REVOLUTION CHEER GYM, LLC.

MEDICAL RELEASE FORM

ATHLETE'S FULL NAME	ATHLETE'S DOB
ATHLETE'S HOME ADDRESS	
ATHLETE'S CURRENT MEDICATIONS	
ATHLETE'S MEDICAL CONDITIONS/ALLERGIES	
PARENT/GUARDIAN'S NAME	
PRIMARY EMAIL ADDRESS	PRIMARY CONTACT NUMBER
ADD'L PARENT/GUARDIAN'S NAME	
SECONDARY EMAIL ADDRESS	SECONDARY CONTACT NUMBER
EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER

I, _____ give my child (name printed above), permission to participate in any/all activities related to Revolution Cheer Gym, LLC./Penn Elite All Stars. To my knowledge my child has no physical restrictions that would inhibit him/her from such activity. I further acknowledge and understand that by participating in this type of physical activity that my child may sustain physical illness or injury (minor and/or catastrophic). I also acknowledge and understand that I am assuming the risk of such physical illness or injury, and I further release Revolution Cheer Gym, LLC. and all its representatives from any claims for personal illness, injury, or death that my child may sustain during participation in activities.

In the event that my child is injured, needs immediate medical attention, and I cannot be reached, I give Revolution Cheer Gym/Penn Elite staff my permission to authorize transportation to the nearest medical center for medical attention and I will assume all costs of such transportation and medical attention.

Parent/Guardian Signature

Date