REVOLUTION CHEER GYM
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**
ADDT'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 all claims of negligence, personal illness (including COVID-19), injury, and/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

Updated 01/26