

# *The Long Valley Raiders Cheerleading Association*

## 2025 Medical Permission Form

Form to be completed and returned to your child's head coach by the  
*FIRST PRACTICE/SPIRIT CAMP*

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Team Level: (circle one) Varsity, JV, Pee Wee, Super Pee Wee, Clinic, Pre Clinic, Flag 2, Flag K-1

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **NOTE TO PARENTS:**

Physical examinations must be completed and turned into your child's coach prior to or on the first day of practice/Spirit Camp in order for your child to participate.

### **\*\*TO BE COMPLETED BY PHYSICIAN:**

\_\_\_\_\_ HAS BEEN EXAMINED BY OUR OFFICE AND HAS BEEN FOUND  
TO BE PHYSICALLY FIT TO PARTICIPATE in The Long Valley Raiders Cheerleading program for  
the 2024 Season

Items to note: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp:

\_\_\_\_\_