

RED LAND MIDGET CHEERLEADING PHYSICAL

Cheerleader's Name _____
Age _____ Squad _____

Are you currently under a physician's care for an illness or injury? YES NO
If yes, please describe _____

Are you currently taking any medications? YES NO
If yes, please list medication(s) _____

Please list any allergies (including bee stings) _____

Date of last tetanus shot _____

Have you ever had an injury to any of the following:

	YES	NO
Neck/Shoulder	_____	_____
Elbow	_____	_____
Hand/Wrist	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle/Foot	_____	_____

Do you suffer from asthma? YES NO
If yes, do you use an inhaler? YES NO

Family Physician _____
Physician's Address _____
Physician's Phone # _____
Preferred Hospital _____
Type of medical insurance _____ Policy # _____

Person to contact in case of an emergency / Name / Address / Phone number / Relationship to cheerleader

I hereby give my consent for the Red Land Midget Football Association staff to use their judgement in securing medical aid and ambulance service in case the parents cannot be reached.

Signature of Parent/Guardian _____ Date _____

TO THE PHYSICIAN

This is for competitive cheerleading which involves stunts such as lifting girls over the cheerleaders head, throwing and catching fellow teammates, fast aerobic exercise/dancing and gymnastics- all during a sustained 2 to 3 minute routine. All Cheerleaders are expected to practice this routine 4-6 hours per week and perform during competitions on a weekly basis. Therefore cheerleaders must be able to meet these physical requirements. Please keep this in mind when making your recommendations:

Based upon the completion of the physical exam, I recommend the following:

_____ No athletic participation
_____ Limited participation
_____ Full/Unlimited participation _____ Clearance withheld until _____

Examining Physician's Signature _____ Date _____

