

Student Name: _____

CLOVIS HIGH SCHOOL PEP AND CHEER PHYSICAL LIMITATIONS STATEMENT

For the protection of all individuals involved in the CHS Pep and Cheer program, we request that the parent(s) or guardian(s) of all prospective squad members supply us with the following information.

1. Has your child suffered from any serious injuries (ex: torn ligaments, broken bones), which could place limitations on her performance as a pep and cheer squad member? If so please explain the injury or injuries.

2. Does your child suffer from any medical condition (ex: asthma, heart disease), which could be adversely affected through extreme physical exercise?

3. Has your daughter been excused from any P.E. activities (during the current school year) for any reason? (Please list and explain).

PLEASE NOTE:

- Any injury that limits your child's ability to perform during try-outs must be verified in advance by a physician.
- If your child is unable to perform a specific skill at try-outs due to injury, their ability to perform must also be verified in advance by a coach or advisor.
- Make note that any and all "P.E. Medical Excuses" will also pertain to the pep & cheer program (entire year). If your child is excused from P.E.; they will also be excused from all cheer activity until their doctor has cleared them to return to P.E. and cheer, without exception.
- If your child has an injury/illness/disease that is ongoing, sideline teams may be the only option for him/her. Unfortunately, the high demands of our competitive teams do not allow for absences.

Other than those stated on this form, my child has no physical limitations and has sustained no serious injuries prior to this date.

Parent or Guardian Signature: _____ Date: _____

Home Phone _____ Cell Phone: _____