WESTSIDE NINERS YOUTH CHEERLEADER WAIVER

CHEERLEADER NAME_____ DATE_____

LEVEL_____ D.O.B._____ AGE ON NOVEMBER 29th_____

TOTAL NUMBER OF YEARS PARTICIPATING IN YOUTH CHEER _____

MEDICAL REASON FOR WAIVER? _____ PHYSICIAN ORDERS ATTACHED? _____

Reason for Waiver? (weight issues not an acceptable reason)

X_____ X_____

Parent/Guardian's Signature Cheerleader's Signature

☐ By checking this box I attest that no one from the Westside Board of Directors or any Westside coach has influenced my decision to waiver my child from their respective squad. This decision was based solely on the best interest of my child.