

Berryhill Little Chiefs Cheer

Cheerleading Physical Form

Youth Name: _____

DOB: _____

Grade in Fall: _____

	YES	NO
Does the youth named above have any medical conditions/issues that would prevent the youth from participating in recreational cheerleading? Activities include running, jumping and non-aerial stunts.		
Does the youth named above have any medical conditions/issues that would prevent him/her from participating in physical activity outside in hot conditions?		
Does the youth named above have any medical conditions/issues that would prevent him/her from participating in physical activity outside in cold conditions?		
Are there health items that should be evaluated or treated before participation in recreational cheer? If yes, please provide detailed information about the specific health issue(s) below.		
Are there medical issues/chronic (on-going) health problems that may affect participation? If yes, please provide detailed information about the specific health issue(s) below.		
Medical Remarks		
Does the youth named above have any allergies?		

Examining Physician's Name: _____

Signature: _____

Date of Exam: _____