

## LSYC STUNT WAIVER

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
Parent/Guardian Name Childs Name

\_\_\_\_\_ Yes, I will allow my child to stunt.

\_\_\_\_\_ No, I do not want my child to stunt.

All team/individual stunt levels and abilities will be determined by the Stunt Certified Coach. If you have any questions please feel free to contact the LSJAA Cheer Board and Specialist:

President, Rachel Glad: [lsycpresident@gmail.com](mailto:lsycpresident@gmail.com)

Vice President, Dawn Hiatt: [dawnhiattlsjaacheer@gmail.com](mailto:dawnhiattlsjaacheer@gmail.com)

Please sign and return to your Cheer Coach.

This form is valid for the \_\_\_\_\_ Cheer season.  
Year

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Stunt Certified Coach: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature