

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK (POWDER PUFF CHEERLEADER PERMISSION FORM)

I hereby grant permission for my student to participate in the Powder Puff Football game AS A CHEERLEADER, held at ISMS, on May 5, 2017, 4:30pm-7:30pm. I have read and understand the Guidelines and Basic Rules for Powder Puff Football. I understand that participation in this event by my child is completely voluntary, and that it will expose my child to potential injury. Further, I agree that my child, to the best of my knowledge, is medically able to participate.

Parent/Guardian Name Date

Parent/Guardian Signature Parent Cell Phone #

Student Information:

Print Student Name Grade

****Cheerleader payment of \$1.00 must be received by April 28th in order to participate. If payment in full is not received by April 28th, you will not be allowed to participate as a cheerleader. *Please make checks payable to ISMS STUCO.***

Student Name: _____ Payment: \$1.00 due

*Are you cheering for a team? Yes / No

What team are you cheering for? _____