

**BARNSTABLE SILVER BULLET STUNT CONSENT FORM**

MY DAUGHTER/SON, \_\_\_\_\_, HAS MY  
PERMISSION TO PARTICIIPATE AS A BARNSTABLE SILVER BULLET  
CHEERLEADER FOR THE 2008 SEASON. I REALIZE, LIKE ALL SPORTS,  
CHEERLEADING CAN CAUSE ACCIDENTAL INJURIES AND THAT THE  
GIRLS/BOYS WILL BE DOING STUNTS. I AM ALLOWING MY  
SON/DAUGHTER TO PARTICIPATE IN THESE STUNTS.

**WAIVER:** I, THE PARENT/GUARDIAN, INDICATED ON THIS FORM, WISH  
MY CHILD TO BE ENROLLED IN THE BARNSTABLE SILVER BULLET  
CHEERLEADING PROGRAM. I HEREBY GIVE THE ORGANIZATION'S  
DESIGNATED REPRESENTATIVES PERMISSION TO SECURE TREATMENT  
FOR THE CHILD SHOWN, IN THE EVENT OF SICKNESS OR ACCIDENT.

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE IN SEPTEMBER 2008 \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ TEL# \_\_\_\_\_

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PARENT'S SIGNATURE

DATE