

BARNSTABLE SILVER BULLET STUNT CONSENT FORM

MY DAUGHTER/SON, _____ , HAS MY PERMISSION TO PARTICIIPATE AS A BARNSTABLE SILVER BULLET CHEERLEADER FOR THE 2009 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 2009 _____

PARENTS NAME _____

STREET ADDRESS _____

TOWN _____ TEL# _____

PARENT'S SIGNATURE

DATE