

**SUSQUENITA MIDGET FOOTBALL ASSOCIATION
CHEERLEADING FITNESS STATEMENT**

I, _____, parent/guardian of _____
hereby state that my child has no physical ailment that might keep
her/him from fully participating in cheerleading. (Examples include,
but are not limited to, asthma, bone or joint problems, heart
conditions, etc.)

If my child has any physical limitations, I agree to have her/him bring
a physician's statement of limitations. Since CFA does not require
physicals for cheerleaders, we expect you as the responsible adult to
let us know of any problems so that we may keep your child safe and
not ask her/him to participate in activities that could aggravate any
health condition.

Participant's Name (please print)

Squad

Parent or Guardian's Signature

Date