

**JAG ALL-STARS
CHEERLEADING COMPETITION
March 22, 2009**

MEDICAL RELEASE

TEAM NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

I hereby grant permission for my son/daughter to participate in the JAG All-Star Cheerleading competition to be held at Woburn Memorial High School.

In case of injury or illness, I give permission for the cheerleading sponsor to seek medical attention for my son/daughter.

Understanding that injury or illness can occur with this event, I hereby release the JAG All-Stars and Woburn Memorial High School of being liable or responsible in any way.

NAME: _____ INSURANCE CO. & POLICY #: _____ PARENT
SIGNATURE: _____

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