



PARENTAL PERMISSION/WAIVER/PHYSICAL
Poway High School Cheerleading Clinics/Tryouts

My student, _____, has my permission to participate in the cheerleading workshops and tryout at Poway High School on May 10th, May 12th, and May 14th of 2022. I understand that my student must complete the Physical attached, along with *all* other required forms in order to participate.

I am aware that there is physical activity involved that could result in injury and believe that my student can perform such activities without distress. I release Poway High School, Poway USD, and the PHS cheer coaching staff from all liability for an injury sustained that might occur at school during practice or an event away from the school grounds at any time, including travel.

I understand that the school, advisors, and coaches assume no financial obligations due to the expenses incurred by the cheerleading squads, including uniforms and camp.

I do hereby give my consent for my child to be a member of the cheerleading squad of Poway High School and they may participate in Clinics/Tryouts.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____



**PRE-PARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

(This form is to be completed by the physician. Submit original to school Athletics Office. Parents should retain a copy.)

Student Name:	Date of Birth:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
EXAMINATION				
Height:	Weight:	BMI:	BP: /	Pulse:
		Vision: R 20/ L 20/		Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyper		
Eyes/Ears/Nose/Throat/Pupils Equal/Hearing		
Lymph Nodes		
Heart (auscultation standing, supine, +/- Valsalva Location of point of maximal impulse (PMI)		
Pulses Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Angle		
Foot/Toes		
Functional • walk, single leg hop	Duck-	

- CLEARED for all sports WITHOUT restriction.**
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- NOT CLEARED:** Pending further evaluation For any sports For certain sport _____
- REASON:** _____
- Recommendations _____

(Student's name) _____ was examined by me on (date) _____ for a pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parents/guardians.

Print Physician's Name: _____ Phone Number: _____

Physician's Signature: **X** _____ Date _____ Physician's Office Stamp **HERE**