

**CANEY VALLEY ATHLETIC ASSOCIATION JUNIOR
FOOTBALL & CHEERLEADING
Release Statement for 2010**

I am the Parent/Guardian of _____ and I am fully competent to sign this agreement. I understand that participating in the activities of the Caney Valley Athletic Association Football &/or Cheerleading Program will involve strenuous physical activities and that there is a risk of injury associated with these activities. I understand that if my Child/Dependent is injured, he/she may require medical treatment and that I may not be present at the time of the injury. Accordingly, as Parent/Guardian, I hereby give my consent for medical care provided by a licensed medical nurse, physician's assistant or doctor of medicine/osteopathy under whatever condition is necessary to preserve the life, limb and well being of my Child/Dependent.

Parent/Guardian _____
PLEASE PRINT

Parent/Guardian _____

Date _____

Notary _____ Date _____