

**ATHLETIC CONDITIONING CONSENT FORM**

All students participating in any athletic conditioning program including but not limited to, weight training, after school hours athletic conditioning, or summer conditioning must return this consent form signed by a parent/guardian. Participants must also provide a copy of an up to date physical and proof of health insurance.An up to date physical for after school conditioning means that the physical was completed within 360 days of the last day of the conditioning program **Please note that physicals for the upcoming school year must be dated after June 7th 2018 in order for them to be valid.**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Schedule**

Supervision will be provided by: Woods, Weldon, Laguerre, Weldon, Lee, Buscemi, Vogt, Ashman

(Name of school employee(s) responsible for activity)

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Location** |
| HS | | |
| Tuesdays/Thursdays beginning January 9, 2018 | 2:30-4:30 | Weight Room, Stadium Field/Track, Practice field |
|  |  |  |
| 8th Gr | | |
| Tuesdays/Thursdays beginning February 20, 2018 | 4:30-6:00 | Weight Room, Stadium Field/Track, Practice field |
|  |  |  |
|  |  |  |
|  |  |  |

Training activities will consist of:

-Weight Training (for development of strength and power)

-Agility and speed training

-Cardiovascular conditioning

**I HAVE READ THE ABOVE STATEMENTS, AND HEREBY GIVE MY WRITTEN CONSENT:**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Student/Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Updated: 2017

Reviewed by Risk Management 1/10/18