



BRYAN INDEPENDENT SCHOOL DISTRICT
Summer Strength & Conditioning and Sport-Specific Skill Instruction

Parent/Guardian Student Enrollment and Release

BISD offers student athletes the opportunity to participate in voluntary summer strength and conditioning sessions and sport-specific skill instruction. All activities will be conducted in accordance with applicable rules and regulations, including guidance from the University Interscholastic League (UIL). No student is required or expected to attend.

Student Name: _____ DOB: _____

Address: _____ Cell #: _____

Parent/Guardian Name: _____ Cell #: _____

Campus: _____ 20/21 Grade: _____

Sport(s): _____

Student will attend: _____ Strength and Conditioning _____ Sport-Specific Skill Instruction
(Initial all that apply)

BISD Athletic staff will conduct the sessions. All reasonable health and safety precautions will be observed. No student will knowingly be allowed to engage in any unauthorized activity. Despite such precautions, accidents or injuries sometimes occur. If your student sustains an illness or injury and requires immediate care and treatment, your signature below requests, authorizes, and consents to such care and treatment as may be given to the student by any physician, athletic trainer, nurse, or school representative.

Authorization and Release. Your signature below confirms your authorization for your student to attend the BISD voluntary Summer Strength and Conditioning and Sport-Specific Skill Instruction. In consideration for BISD allowing your student to participate in the voluntary Summer Strength and Conditioning and Sport-Specific Skill Instruction, you, on behalf of you and your minor student and family members hereby release and hold harmless the Bryan Independent School District its employees, agents, trustees, and representatives for any accident, injury, or any other damage, claim (including negligence), or loss your student may sustain as a result of his/her participation in the voluntary Summer Strength and Conditioning and Sport-Specific Skill Instruction.

Certification

Initial

_____ I certify that my student (named above) is physically fit to participate in strength and conditioning and sport-specific skill instruction and I understand that my student must have a pre-participation physical examination, signed by a health care provider, on file as a condition of participation.

_____ I am aware of no physical impairments that would interfere with my student's participation in the strength and conditioning and sport-specific skill instruction. I have described on the reverse side any health information that may be pertinent to my student's participation.

Parent/Guardian Signature

Signature

Printed Name

Date Signed