



## SUMMER SPORTS PROGRAM

Student-Athlete Name \_\_\_\_\_

Sport \_\_\_\_\_ Grade \_\_\_\_\_

As part of off-season summer training, your son will be engaged in activities similar to practices run during the regular sport season, including exercise such as running, weight lifting, specific sport drills, and various other strengthening and cardiovascular activities.

Please indicate *any change* in your son's health status (illness/ injury) since his last doctor's physical by circling the appropriate area.

NO

YES (explain)

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I give my permission for my son to participate in off-season summer training at CBA.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\*FRESHMEN: PLEASE SUBMIT TO THE SCHOOL NURSE  
\*RETURNING PLAYERS: PLEASE SUBMIT TO HEAD COACH