CBA

FITNESS CENTER OPEN TRAINING

NON-INTERSCHOLASTIC PARTICIPANTS

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: FITNESS

 Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of a FITNESS training program, your son will be engaged in running, weight lifting and various strengthening and cardiovascular activities. This program will be supervised by CBA staff.

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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my son to participate in the FITNESS program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Parent signature