

CBA
OUT-OF-SEASON ATHLETIC FITNESS PROGRAM

Name _____

Sport _____

Grade _____

As part of an out-of-season 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

Parent signature

Date _____