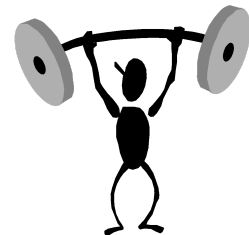




Physical Strength & Conditioning



A current physical MUST be on file to participate in this activity. There is NO fee for this activity.

____current physical is on file at BCMS.

Meets on Mondays and Wednesdays starting Monday, January 13 ONLY 20 spots open! BCMS Weight Room. Advisor: Mr. Quernemoen 3:30-4:30

Please return this form to the Activities Office

Participant Information for Strength & Conditioning

Student's Name _____ Grade _____

Parent's/Guardian's Name _____ Phone _____

Emergency Info:

Please list one other person whom we can contact between 3:30-4:30pm if medical treatment is necessary and you can't be reached.

Name _____ Phone _____

Medical Concerns:

Please list and explain any medical concerns (i.e. asthma, allergies, diabetes, CURRENT INJURIES, etc).

Parent / Guardian Permission:

By signing this form we give permission for our son/daughter to participate in Physical Strength & Conditioning.

Parent / Guardian Signature: _____ Date _____