

Clifton High School
After School Strength & Conditioning Program

Consent and Release

I, _____, hereby grant permission for my son/daughter, _____, to participate in the Clifton High School after school strength and conditioning program, and hereby release and forever discharge the Clifton Board of Education, its employees, and agents from any and all liability, suits, damages, claims, and demands, if any, arising from said participation.

In the event of an unanticipated and untoward occurrence, this permission slip will also authorize the strength and conditioning coach, or other school staff, to secure any needed medical care until I can be contacted.

No student will be allowed to participate in the strength and conditioning program unless this permission slip has been signed by a parent or guardian and returned. Eligibility is contingent upon having a current up-to-date physical on file with the athletic trainers' office. As parent/guardian, you assume all responsibility for notifying the school nurses' office of any change(s) in your child's medical information or health.

(Please Print)

Student's Name: _____ Student ID: _____

Gender (male/female): _____ Date of Birth: _____

Age: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone Number: _____

Parent/Guardian Cell Phone Number: _____

Parent/Guardian E-mail Address: _____

Emergency Name & Phone Number: _____

High School Guidance Counselor: _____

Date of Current Physical: _____ (to be completed by Strength & Conditioning Coach)