

2008/2009

# SOUTH BRUNSWICK HIGH SCHOOL Strength and Conditioning Agreement

## Student Acknowledgment

I, \_\_\_\_\_, understand that I must comply  
( print full name of student )

with the South Brunswick High School Athletic Strength and Conditioning Program. **I must report at 2:45 PM Monday - Friday for the after school work-out so that I am prepared to participate in the warm-up, weightroom and conditioning components of each session. Sessions will end at 4:30 PM everyday.** I will follow all instructions and regulations and I also agree to comply with all verbal and written instructions communicated by the program supervisors. I acknowledge that my failure to comply with these rules / instructions may result in loss of weight room privileges and / or disciplinary action from the high school administration. I am fully aware of the risks involved in any form of physical activity. I understand that even with the best instruction, proper use of equipment, and strict adherence to rules / regulations injuries are still a possibility. I agree to accept these risks as a condition of my participation in the summer strength and conditioning program.

\_\_\_\_\_  
(signature of student)                      \_\_\_\_\_ (date)                      **Grade** \_\_\_\_\_                      \_\_\_\_\_ (Cell Number)

## Parent / Guardian Consent

It is with my consent that my son / daughter \_\_\_\_\_  
( print full name of student )

participates in the strength and conditioning program conducted by South Brunswick High School. I am aware that any form of physical activity involves the risk of injury. I acknowledge that even with the best instruction, proper use of equipment, and strict adherence to rules / regulations injuries are still a possibility. On rare occasions, these injuries can be of a serious nature to result in varying degrees of disability or even death. I / we also agree to waive any claim against South Brunswick Twp schools and any individual instructors for any injuries that might occur. I acknowledge that I have read and understand the warnings and agreements stated in this document.

\_\_\_\_\_  
(signature of parent / guardian)                      \_\_\_\_\_ (date)                      \_\_\_\_\_ (Home Phone Number)                      \_\_\_\_\_ (Cell number)

\_\_\_\_\_  
(Emergency Contact Name)                      \_\_\_\_\_ (Home Phone Number)                      \_\_\_\_\_ (Cell Number)

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Please indicate sports for each season that you plan on participating