

This form is for out of season programs only. All in season forms and requirements must be completed and submitted to the school nurse as stated in our Student-Athlete/Parent Handbook.

**GUILFORD HIGH SCHOOL
OUT-OF-SEASON PHYSICAL FITNESS PROGRAM
PARENT/ATHLETE CONSENT FORM**

Student's Name _____ Grade _____ Sport _____

The CIAC allows a school to conduct non-mandated out-of-season conditioning programs provided students are not coerced to participate and as long as the programs do not interfere with any other educational, athletic or family commitments.

We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. You should always make certain your child is medically able to participate in the rigors such a program demands. As parents you take full responsibility for the medical well being of your child (listed above) and give them permission to participate in the Guilford High School optional out-of-season conditioning program.

While off season conditioning is strongly encouraged it does not necessarily guarantee a spot on the roster.

Signature of Parent/Guardian

As an athlete of Guilford High School I am willing to participate in a planned out-of-season conditioning program of my own free will and I am willing to abide to the following:

- I will attend only at times specified by my coach.
- I will not bring equipment or use any school equipment (except weights) during these conditioning sessions.
- I will participate only under the supervision of a coach or certified adult.

Signature of Athlete

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Phone Number _____

Second Contact Name _____ Phone Number _____

Family Doctor's Name _____ Phone Number _____