

2018 LHS Summer Weight Room

Permission Slip

Student Name _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Student Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____

The LHS weight room will be open for Longmeadow Students this summer. This form must be completed and signed by a parent/guardian before a student will be allowed to participate in the Summer Weight Lifting at LHS. The weight room will be open **Monday – Friday from 3:30 to 5:00**. The cost is \$25.00 for the summer.

Parent Release

I, _____ give permission for my child to work out in the LHS weight room over the summer. The 3:30 to 5:00 lifting program is not a personal training session, but it gives athletes a chance to access our weight room and work on personal goals throughout the summer. Coaches will be on hand to supervise.

As parent/guardian, I hereby authorize the LHS staff to use their best judgment in emergency medical situations. I understand all efforts will be made to contact parents first. I hereby release the high school staff from liability and expenses for injuries or illness related to participation. My child has no ailments that limit his/her participation.

All participants must have their own insurance coverage.

Parent Signature _____

Date _____

Student Signature _____

Date _____