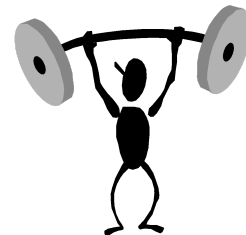




Physical Strength & Conditioning



**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
Tuesdays and Thursdays
starting Tuesday, October 3
ONLY 20 spots open!
BCMS Weight Room.
Advisor: Mr. Anderson
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 _____