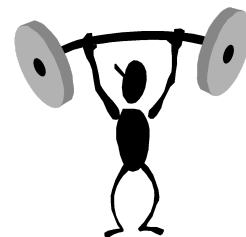




# Physical Strength & Conditioning



**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, November 1  
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 \_\_\_\_\_