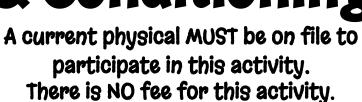
Physical Strength & Conditioning





Advisor: Mr. Anderson Meets Monday through Thursday BCMS Weight Room. 3:30-4:30

___current
physical is on
file at BCMS.

Please return this form to the Activities Office

Participant Information:	
Student's Name	Grade
Parent's/Guardian's Name	Phone
Emergency Info: Please list one other person whom we can co necessary and you can't be reached.	ntact between 3:30-4:30pm if medical treatment is
Name	Phone
Medical Concerns: Please list and explain any medical concernete).	s (i.e. asthma, allergies, diabetes, CURRENT INJURIES,
<u>Parent / Guardian Permission:</u> By signing this form we give permission for a Conditioning.	our son/daughter to participate in Physical Strength &
Parent / Guardian Signature:	Date