

Physical Strength & Conditioning



A current physical **MUST** be on file to
participate in this activity.
There is **NO** fee for this activity.

**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 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 _____