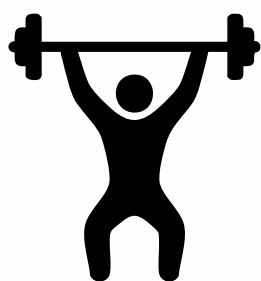


Strength & Conditioning

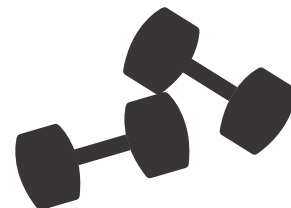
LIMITED TO 20 PARTICIPANTS



Wednesday Session

3:30 – 4:30pm

BCMS Weight Room



BEGINS WEDNESDAY, OCTOBER 21

Advisors: Mr. Quernemoen, Mr. Anderson and Mr. Hanson

A CURRENT SPORTS PHYSICAL MUST BE ON FILE

There is NO fee for this activity.



(Please turn this form into the Activities Office.)

Student's Name _____ Grade _____

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.

Name _____ Phone _____

Medical Concerns:

Please list and explain any medical concerns (i.e. asthma, allergies, diabetes, etc.)

Parent/Guardian Permission:

By signing this form we hereby give permission for our child to participate in Strength & Conditioning.

Parent / Guardian Signature _____ Date _____

- ☐ Sports physical on file
- ☐ Sports physical will be turned in prior to participation