



# HOLY TRINITY

CLASSICAL CHRISTIAN SCHOOL

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## Holy Trinity Classical Christian School Physical Conditioning Program Permission Form 2021-2022

### STUDENT AGREEMENT:

I hereby apply for the privilege of participation in the HTCCS Physical Conditioning Program. I have read the attached Physical Conditioning Program Rules and agree to abide them.

### PARENTAL CONSENT:

I/We hereby give our permission for the below named student to participate in the HTCCS Physical Conditioning Program.

I/We realize that participation in the HTCCS Physical Conditioning Program involves the potential for injury even with the best instruction and equipment, and strict observance of rules. I/We acknowledge that I/we have read and understand this warning. Furthermore, I/we release Holy Trinity Classical Christian School from all liability for any injuries incurred by my/our child during or resulting from participation in the HTCCS Physical Conditioning Program.

In the event of an injury, I/We hereby give consent for the below named student to receive any necessary healthcare treatment that may be provided by healthcare providers employed directly or through a contract by the school. In the event of a medical emergency, I hereby give consent for any treatment, diagnosis, and/or hospital care as deemed necessary by a licensed physician. This authority is granted only after a reasonable effort has been made to reach me.

**PARENTS/GUARDIANS:** *All students are required to have a physical on file before participating in the Weight Training and Physical Conditioning Program. The program is restricted to JV and Varsity athletes. Younger students are not permitted to use the PE/Weight room outside of PE class.*

### Student Information- Signature indicates acceptance of terms

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parent/Guardian Information**

Parent First Name: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_

**Emergency Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

**Known Medical Problems:**

**Known Allergies:**

**Current Medications & Dosages:**

**\*PLEASE SEE ATTACHED HTCCS PHYSICAL CONDITIONING PROGRAM RULES\***

## HTCCS Physical Conditioning Program Rules

1. Students must have a current (completed within last 12 months) physical on file.
2. Students wait for the weight room coach outside of the PE/Weight room. Once he/she arrives, the students may enter the room. AT NO TIME MAY A STUDENT BE PERMITTED IN THE PE/WEIGHT ROOM WITHOUT AN AUTHORIZED WEIGHT COACH.
3. Horseplay, abusive behavior, and foul and/or abusive language are prohibited.
4. No food or drink allowed in the PE/Weight Room except for water bottles. No open containers.
5. All weights must be re-racked when you are done with them.
6. Wipe down benches and equipment after use. Room must be returned to its original order per PE/Weight Room posted rules.
7. Use equipment only as it is intended.
8. If you are not sure about an exercise, ask for assistance.
9. Spotters may be required for certain exercises. Please check with your Coach first.
10. Proper attire is required at all times. Appropriate footwear (athletic sneakers) must be worn. Boots, "slides", and open-toed shoes are not permitted. Shirts must be worn at all time.
11. When conditioning is over, you must have a pre-arranged ride home.

Failure to abide by the above rules or any other PE/Weight Room Rules or Holy Trinity Code of Conduct may result in suspension and/or dismissal from the HTCCS Physical Conditioning Program.

\*\*\*The regular PE/Weight room schedule will be posted weekly.

### SIGNATURE AND AUTHORIZATION

I hereby authorize that I am the legal parent of the student named in this form and that I recognize that this is my legal and binding signature and that any fraud or inaccuracy will void this student's eligibility. I further understand that there are assumed risks in using the equipment in the weight room and that my child must use the equipment responsibly.

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_