

North Warren Regional Weight Training Permission Form



**Usage of Weight Training Facility
Parental Permission Form**

Name of Student _____

Address _____

Grade _____ **Age** _____

I hereby give my permission to my son/daughter _____ to participate in weight training and conditioning at North Warren Regional High School.

I understand that weight training is a strenuous activity and hereby certify that my child is physically able to participate in such activity. I also understand that a weight training coach will be present to supervise my child's activity.

Print name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

The open weight training hours are Monday through Friday from 2:30 – 4:00 p.m.