

SPORTS CLINIC PHYSICAL FITNESS PROGRAM  
PARENT/ATHLETE CONSENT FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. However, this program is not an interscholastic athletic program, therefore, you should always make certain your child is medically able to participate in the rigors such a program demands. As parents you take full responsibility for the medical well-being of your child (listed above), confirming you understand that your child is at risk for, but not limited to, COVID-19 exposure and give them permission to participate in the summer clinic program.

Does the individual have any known medical illness, injury, or disorder which affects the individual's functional ability to participate safely in the clinic?

YES or NO

If YES please explain

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Does the individual have any disabilities or special health care needs such as allergies, special dietary concerns, etc.?

YES or NO

If YES please explain

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**First Emergency Contact**

Name:

Cell Phone:

Email:

Relation to child:

**Second Emergency Contact**

Name:

Cell Phone:

Email:

Relation to child:

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Signature of Parent / Guardian

Date