



**SUMMER STRENGTH & CONDITIONING**  
**5 JUNE- 29 JUNE & 10- 20 JULY 2017, 7- 9 A.M.**  
**\$150 PER STUDENT**

\_\_\_\_\_  
*Student's name*

\_\_\_\_\_  
*Parent's name*

*Shirt size:*  *Adult Small*    *Adult Medium*    *Adult Large*    *Adult XL*    *Adult XXL*

\_\_\_\_\_  
*Mother's Cell*

\_\_\_\_\_  
*Mother's Work*

\_\_\_\_\_  
*Father's Cell*

\_\_\_\_\_  
*Father's Work*

**Who and which phone number should we call first in case of an emergency?**

\_\_\_\_\_

***Waiver for participation***

*My son/daughter is physically capable of participating in the clinic or class for which I have registered him/her for listed above. I hereby authorize the staff of SJPICHS to act for me according to their best judgment in any emergency requiring medical attention. I also hereby release the school and its employees from any and all liability for any injuries incurred during the clinic. By signing this statement, I am representing that I have medical insurance and that my son's/daughter's immunizations are up-to-date.*

Parent or guardian's signature: \_\_\_\_\_

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

Allergies, chronic conditions or limitations: \_\_\_\_\_

Medications: \_\_\_\_\_

***Office Use Only:***

Pd. \$150   Check # \_\_\_\_\_   Cash \_\_\_\_\_