

# Grizz Athletic Performance

## 2019 Summer Strength and Conditioning Program

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

Grade In Fall 2019 \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parent Contact Numbers:

Address: \_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

Athletes Cell Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

Athletes E-Mail: \_\_\_\_\_

Athletes T-Shirt Size (Adult) \_\_\_\_\_

Date of 2019-20 School Year Physical: \_\_\_\_\_

Please list any previous or current injuries or surgeries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We hereby give our consent and approval to the participation of the applicant in the program conducted by the Grizz Athletic Performance Staff, and we certify that he/ she is physically fit to take part in all activities. Further, we do hereby waive, and release said organization, its staff officer, representatives, coaches, and employees from any or all claims for damages, injury, or loss of property during the camp stay.

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

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

Fee: See Information Sheet

Once the registration and the Consent for Medical-Surgical Care and treatment forms are filled out please drop them off along with the cash/ check to Derek at the high school or send to:

Derek Clark  
129 Cole Dr.  
McKees Rocks, PA 15136

If you have any questions please contact Derek at:  
402-540-4857

[clarkd@qvsd.org](mailto:clarkd@qvsd.org) or  
[dclark09@hotmail.com](mailto:dclark09@hotmail.com)

# CONSENT FOR MEDICAL-SURGICAL CARE AND TREATMENT

Student MAY NOT participate with out appropriate signatures

## Parental Waiver/ Release

**Note to all parents and guardians:** This form authorizes an emergency facility to provide care and treatment for your child in your absence. Please complete all portions, and return it with the registration form.

### WARNING AND NOTIFICATION OF RISK

Playing, practicing, participating, or training in/ for a sport can be a dangerous activity involving risk of injury. There is no limitation to the nature or severity of the possible injuries in some sports. Some sports injuries can result in serious, permanent impairment or be life threatening. Unfortunately, injury may occur simply due to the nature of the sport or the training for the sport without the occurrence of any unusual event and without fault.

I have read the above WARNING. I am aware and understand the risks of practicing, participating, playing and training for interscholastic activities. I recognize the importance of following the coaches' instructions regarding the activity.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

We/ I hereby give consent to \_\_\_\_\_, who will be caring for our/  
my child \_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_,  
to arrange for routine or emergency diagnostic procedures and treatment of our/my child.

We/ I acknowledge that we are (I am) responsible for all reasonable charges in connection with the care and treatment rendered during this period.

\_\_\_\_\_  
Date                                      Signature of Parent/ Guardian                                      Signature of Parent/ Guradian

### Students Health History (Please Print)

Allergies \_\_\_\_\_

Medications (Dosage and Frequency) \_\_\_\_\_

Last Tetanus or DPT Immunization \_\_\_\_\_

Current or Chronic Illnesses \_\_\_\_\_

Pediatrician/ Family Physicain \_\_\_\_\_

### Additional Information:

Address \_\_\_\_\_

Phone \_\_\_\_\_ Students Birthdate \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ Agreement # \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_