

# SOUTH BRUNSWICK HIGH SCHOOL

## Strength and Conditioning Agreement

### Student Acknowledgement

I, \_\_\_\_\_, understand that I  
(print full name of student)

must comply with the South Brunswick High School Athletic Strength and Conditioning Program. I will follow all instructions and regulations and I also agree to comply with all verbal and written instructions communicated by the program supervisors. I acknowledge that my failure to comply with these rules/instructions may result in loss of weight room privileges and /or disciplinary action from the high school administration. I am fully aware of the risks involved in any form of physical activity. I understand that even with the best instruction, proper use of equipment, and strict adherence to rules/regulations, injuries are still a possibility. I agree to accept these risks as a condition of my participation in the SBHS Strength and Conditioning program.

\_\_\_\_\_  
(signature of student)                      \_\_\_\_\_                      (date)                      Grade \_\_\_\_\_

### Parent/Guardian Consent

It is with my consent that my son/daughter \_\_\_\_\_  
(print full name of student)

participates in the strength and conditioning program conducted by South Brunswick High School. I am aware that any form of physical activity involves the risk of injury. I understand that even with the best instruction, proper use of equipment, and strict adherence to rules/regulations, injuries are still a possibility. On rare occasions, these injuries can be of a serious nature to result in varying degrees of disability or even death. I/we also agree to waive any claim against South Brunswick Twp. schools and any individual instructors for any injuries that might occur. I acknowledge that I have read and understand the warnings and agreements stated in this document.

\_\_\_\_\_  
(signature of parent/guardian)                      \_\_\_\_\_                      (date)                      \_\_\_\_\_                      (Home Phone #)                      \_\_\_\_\_                      (Cell Phone #)

\_\_\_\_\_  
(Emergency Contact Name)                      \_\_\_\_\_                      (Home Phone #)                      \_\_\_\_\_                      (Cell Phone #)

**Please indicate the name of the sport for the season you plan on participating.**

Fall: \_\_\_\_\_                      Winter: \_\_\_\_\_                      Spring: \_\_\_\_\_                      Summer: \_\_\_\_\_