

HILLSBOROUGH HIGH SCHOOL WEIGHT ROOM PERMISSION / PACT

Student Acknowledgment:

I, _____, have read and understand
(print full name of student)

the Hillsborough High School Weight Room Regulations and agree to comply with them as written. I also agree to comply with all verbal and written instructions communicated by the weight room supervisor. 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 after school / summer weight room program.

(Signature of Student)

date

Parent / Guardian Consent:

It is with my consent that my son / daughter

(print full name of student)

participates in the after school weight room program conducted by Hillsborough High School. I am aware that any form of physical involves the risk of injury. I acknowledge 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 acknowledge that I have read and understand the warning stated in this document.

(Signature of parent / guardian)

date

Student Information:

Emergency Contact Name: _____ Phone Number _____

Parent Email Address _____ @ _____

Student Grade 20__/20__ _____ Age _____

School Attended: _____

Sports Participated in: Fall _____ Winter _____ Spring _____

**For Additional Information Visit: hhs.https.us
"Click" Athletic Dept., then "Click" Raider
Strength and Conditioning**