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| EASTERN TECHNICAL HIGH SCHOOLAthletic Department  |
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**ATHLETIC CONDITIONING PERMISSION FORM**

All students participating in any athletic conditioning program including but not limited to, weight training, after school hour’s athletic conditioning, or summer conditioning, must return a permission slip signed by a parent/guardian. Participation is voluntary and is not a requirement to making the team.

Training for **ATHLETICS** will consist of the following components:

* All activities are developed to prepare the athlete to safely participate in wrestling
	+ Weight training (for development of strength and power)
	+ Agility and Speed training
	+ Cardiovascular Conditioning

Training will be held on the following days and times:

* Beginning September 17th, every Monday and Wednesday from 2:30-4:00pm, ending November 13th

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son/daughter is covered by Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

**I HAVE READ THE ABOVE STATEMENTS, AND HEREBY GIVE MY WRITTEN CONSENT:**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Student/Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_