

PARENT CONSENT/RELEASE FORM

HIGH SCHOOL
SUMMER FITNESS PROGRAM-2019

NAME AGE GRADE(AUGUST 2019)

has our permission to participate in the “ ” High School summer fitness program. We have read the rules and regulations of the program and understand that our child must abide by the rules and follow the instructions of the personnel in charge of the program. We also understand that the school or personnel in charge of the program will not be responsible for any accident that may occur during the course of the program.

NAME OF FAMILY DOCTOR

PARENT SIGNATURE

PHONE

HOME PHONE

PARENTS CELL PHONE