

SUMMER SPORTS CLINIC PHYSICAL FITNESS PROGRAM
PARENT/ATHLETE CONSENT FORM

Student's Name _____ Grade _____ Sport _____

We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. However, this program is not an interscholastic athletic program, therefore, you should always make certain your child is medically able to participate in the rigors such a program demands. As parents you take full responsibility for the medical well-being of your child (listed above), confirming you understand that your child is at risk for, but not limited to, COVID-19 exposure and give them permission to participate in the summer clinic program.

Does the individual have any known medical illness, injury, or disorder which affects the individual's functional ability to participate safely in the clinic?

YES or NO

If YES please explain

Does the individual have any disabilities or special health care needs such as allergies, special dietary concerns, etc.?

YES or NO

If YES please explain

Do you give permission for your child to be photographed by Northwest Catholic High School?

Signature of Parent / Guardian

Date