

Stratford and Bunnell High Schools  
Out of Season Strength and Conditioning Program

Sport student is conditioning for: \_\_\_\_\_ Grade \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

I/We give our permission for \_\_\_\_\_ to participate in an organized, rigorous strength and conditioning program under the direct supervision of certified members of the Stratford High School/Bunnell High School coaching staff, realizing that such activity may involve the potential for injury which is inherent in all sports and conditioning activities. I/We acknowledge that participation in strength and conditioning program is encouraged but not mandatory. Not participating in a S & C program does not exclude any student from being able to tryout and become a member of a sports team. However, it is also understood that participation in a S & C program may improve athletic performance and may reduce the risk of certain types of injuries. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/We acknowledge that I/We have read and understand this statement and warning and give consent for the above named student to participate in such conditioning and strength program.

I/We have read and understand the Stratford Board of Education Student-Athlete Code of Conduct and the Stratford Board of Education Chemical Health Policy for Student-Athletes and agree to abide by them.

Also, as a parent/legal guardian, I give consent for the above named student to be treated by coaches, athletic trainers, and/or a team physician in first aid/CPR and allow them to secure emergency medical care as they deem necessary.

I/We understand that in order to participate in the strength and conditioning program, the above named student must complete and turn in a Strength and Conditioning Program permission form (which includes a medical emergency protocol on the back) and have a current physical examination on file in the school nurse's office. I/We understand that physical examinations are good for thirteen months from the date of the exam.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Payment for Medical Costs: Payment for treatment of injuries that occur during an approved strength and conditioning program must be paid by the family's medical or hospitalization insurance up to its limit. The school system's interscholastic insurance policy provides a supplement and covers additional costs deemed to be reasonable and customary for the particular injury, subject to the policy's terms and conditions. This would also apply if the family does not have medical or hospitalization insurance.*