PRE-SEASON

EVHS AFTERSCHOOL STRENGTH &CONDITIONING PROGRAM BACKGROUND / SAFETY PROCEDURAL FORM

By incorporating the Weightroom By-Law procedures into your strength training and conditioning program, you will allow yourself an optimal opportunity to meet program goals safely and successfully. Understand that these safety and management procedures must be followed at all times, and that ignoring or altering any one of them puts yourself or others at risk, and thus may affect your privilege to participate in the afterschool strength and conditioning program.

I have received, understand, and agree to abide by all information stated in the Afterschool Weightroom By-Laws. Please sign below.

Student Name (print): _____ **Parent Signature: _____**
Grade: _____ Date: _____
Date: _____

Emergency Parent / Guardian Contact Options

Afterschool Contact: Home Phone: _____ Cell Phone: _____ E-mail: _____

Student Medical / Background Info

1. **Medical conditions we should be made aware of:**_____
   _____
2. **Weight training experience:**_____
3. **Recent Physical Activeness:**_____
4. **Training Focus:** *List your sport, position and/or event if applicable.*

   _____ General fitness: (not involved in any competition sports)
   _____ Athlete: Fall Sport _____
   Winter Sport_____
   Spring Sport_____
   Summer Sport_____
   _____ Outside school athletic activities: _____

5. **History of Orthopedic / Structural injury:** ***(which could affect participation)***
   (Example: history of shoulder dislocation; other issues including but not limited to the elbow, wrist, back, hip, knee, or ankle):
   _____
6. **Do you have a current medical physical on file? _____**

* Though not required, all prospective strength program users *are strongly encouraged* to obtain a medical physical exam. A physical may determine pre-existing conditions, which introduce limitations for the student and subsequently enhances the safety factor.