School Fitness Club Participation Consent Form

Participant Information

Grade Date of Birth Parent/Guardian Information Parent/Guardian Name Contact Phone Email Address Medical Information Relevant Medical Conditions Emergency Contact Name Emergency Contact Phone
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Consent
Lhoroby give consent for my child to participate in the School Eitness Club activities
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In case of emergency, I authorize school staff to obtain medical treatment for my child.
Parent/Guardian Signature
I hereby give consent for my child to participate in the School Fitness Club activities. In case of emergency, I authorize school staff to obtain medical treatment for my child.

Date