

School Fitness Club Participation Consent Form

Participant Information

Student Name

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

Consent

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I hereby give consent for my child to participate in the School Fitness Club activities.

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In case of emergency, I authorize school staff to obtain medical treatment for my child.

Parent/Guardian Signature

Date

