



# 2018 Mustang Summer Strength & Conditioning Program Registration / Informed Consent Form

## Contact Information

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (2018/2019): \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_  
 Alternate Emergency Contact: \_\_\_\_\_ Best Phone: \_\_\_\_\_

## General Statement of Program Objectives and Procedures

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities, callisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

## Description of Potential Risks

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment and/or engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that Fellowship Academy coaches shall not be liable for any damages arising from personal injuries sustained by the athlete while and during the training program. The athlete using the exercising equipment during the training program does so at his/her own risk. The athlete assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge the Fellowship Academy coaches from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that the athlete has no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate.

## Description of Potential Benefits

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease. I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

I understand that a fee of **\$100** to cover the entire Summer Strength & Conditioning Program is due prior to beginning the program. Please make checks payable to Fellowship Academy. Thank you!

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Fellowship Academy Office Use Only

Date: \_\_\_\_\_

Payment:  Cash  FA Pay  Check # \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Debit/Credit Card # \_\_\_\_\_

Expires: \_\_\_\_\_ CSV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_