

**Mifflin County School District
201 8th Street, Highland Park
Lewistown, PA 17044**

Permission Slip

Permission is hereby granted for _____
(name of student)
to participate in **Lewistown Strength & Conditioning** at Lewistown Area High School.
Activities will include weightlifting, agility drills, and conditioning exercises.

Medical Consent/Insurance

The attached insurance and medical consent forms must be completed and
returned prior to participation in any **Strength & Conditioning** activity.

Signed _____
(Parent or Guardian)
Date _____

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Medical and Surgical Consent

1. I hereby give my consent to LAHS Coaches presently responsible for supervising my child, _____, to arrange for routine medical or dental care inclusive of routine diagnostic testing.
2. I further give my consent to all emergency medical and dental procedures which are deemed necessary by the attending physician or dentist to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining my personal consent to these procedures.
3. We the undersigned do hereby certify that we have read and understand the above consent form and do hereby approve same.

Signed _____
(Parent or Guardian)

Signed _____
(Student)

Address _____

Witness _____

Date _____

My child has no known allergies: _____

My child is allergic to _____

Date of most recent tetanus inoculation _____

Family Physician _____

Family Dentist _____

Home phone number _____

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Parent Permission and Student Accident Release for Intramural Activities

My son/daughter _____, has my
permission to participate in the **Lewistown Strength & Conditioning**.

This is to certify that I do have a similar accident insurance policy as the regular
school time insurance with the same or better coverage and will waive all responsibility
of the Mifflin County School District for my child while participating in the activity.

**This permission slip will serve the entire time that your student is enrolled at
Lewistown Area High School. Any changes to the medical information needs to be
reported to one of the coaches immediately.**

Signed _____
(Parent or Guardian)

Date _____

Student's Grade _____

**Lewistown Panther Strength & Conditioning
Facility Rules and Guidelines**



- ✓ Athletes must have permission and release form signed. In sport athletes are covered.
- ✓ Athletes must not wear belts when the belts could contact equipment upholstery.
- ✓ Do not set plates on the floor or lean against equipment. Weights are to be moved from the rack to the bar only.
- ✓ Athletes should not drop or throw weights or dumbbells. The only exception would be missing an Olympic lift.
- ✓ Athletes should show respect to for equipment and facilities at all times; spitting in or defacing the facility is not tolerated and will result in expulsion.
- ✓ The weight room requires concentration. Horseplay, loud or offensive language, or temper tantrums are not permitted.
- ✓ No obscene language on the stereo.
- ✓ Athletes should wear proper training attire, particularly shirts and athletic shoes, at all times.
- ✓ Athletes should use spotters when necessary on all structural exercises.
- ✓ Athletes should immediately report any facility –related injury, or facility or equipment irregularity to the coach on duty.
- ✓ Tobacco, food, chewing gum, glass bottles, and cans are not permitted in the lifting facility; plastic water bottles are permitted.
- ✓ Jewelry such as loose necklaces, bracelets, hanging earrings, etc. should not be worn.
- ✓ Never interfere with another lifter.
- ✓ When in doubt about how to perform an exercise ask the coach.
- ✓ **FORM** before **WEIGHT!!!!**
- ✓ Athletes are expected to follow their workout books exactly and any deviation or extra work should be approved by the coach.
- ✓ Make sure all weights and equipment are put away when finished.

I, _____ (print full name), have read and understand all of the Lewistown Strength & Conditioning facility rules and guidelines and hereby agree to follow them as written. I also acknowledge that my failure to comply with these rules and guidelines may result in my loss of strength and conditioning facility privileges for a specified period of time.

Signature _____ **Date:** _____

Name: Print: _____

Check us out online at: http://www2.mcsdk12.org/lahs/strength_cond