

**Loganville Middle School
Football Weight Training
6th & 7th Grade**

WHAT: Football Weight Training/Speed and Agility
WHO: 6th & 7th grade boys playing football
WHEN: Tuesdays & Thursdays starting March 2 until April 27
TIME: 2:30pm to 4:30pm
NOTE: (must be picked up by 4:30pm or will not be able to come back)
WHERE: LMS Weight Room

PARTICIPANTS: If participating, need a current physical and insurance waiver. Turn these in on the first day. Have your parents sign below and fill out the back of this form as your permission notice to participate.

What to Wear:

- Cleats, Sneakers, T-shirt, Shorts, Socks, and something to drink.



LMS Coaches (please keep for our records)

My child _____ has my permission to attend weight training on Tuesday and Thursday from March 2 to April 27. I also understand that he will need to be picked up by 4:30pm on these days. Failure to do so may be cause for my child to be removed from weight training privileges.

Parent Signature (required)

Date

WALTON COUNTY PUBLIC SCHOOLS

RELEASE OR INSURANCE FORM

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED that my son/daughter, _____
has permission to participate in Weight Training activity sponsored by the Walton
County Public Schools, Walton, Georgia.

To participate in any athletic activity, a student is required to have a physical examination signed and dated by a physician before any practice, tryout, or conditioning.

SHOULD EMERGENCY medical treatment be necessary during the course of this activity, I,
_____, hereby authorize the responsible adult designated in charge of
said activity to seek and approve any medical attention needed.

FURTHERMORE, I hereby release the Walton County Public Schools and the school involved of all responsibility concerning this matter.

STUDENT'S NAME: _____

PARENT/GUARDIAN: _____

NAME OF INSURANCE (HEALTH) PROVIDER: _____

DATE AUTHORIZED:

PARENT SIGNATURE: