

**Delran High School  
Fitness Center Permission Form**

Student Name \_\_\_\_\_

Grade: 9 10 11 12

STUDENT AGREEMENT

I hereby apply for the privilege of participation in and use of the Fitness Center. I have read the attached Fitness Center Rules and agree to abide by them.

PARENTAL CONSENT

I/We hereby give our permission for the above named student to participate in the Strength and Conditioning Program.

I/We realize that participation in strength and conditioning activities, as well as the use of such equipment, involves the potential for injury even with the best instruction, equipment, and strict observance of rules. I/We acknowledge that I/we have read and understand this warning. Furthermore, I/we release the Delran School District from all liability for any injuries incurred by my/our child during or resulting from participation in activities in the fitness center.

In the event of an injury, I/We hereby give consent for the above named student to receive any necessary healthcare treatment that may be provided by healthcare providers employed directly or through a contract by the school. In the event of a medical emergency, I hereby give consent for any treatment, diagnosis, and/or hospital care as deemed necessary by a licensed physician. This authority is granted only after a reasonable effort has been made to reach me.

**PARENTS/GUARDIANS: Although it is not required, it is highly recommended that every student have a physical before participating in the Strength and Conditioning Program.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**Emergency Medical Information**

**Parent/Guardian Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

Alternate person to contact if and parent/guardian cannot be reached:

**Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Medical History Information**

**Known Medical Problems** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_

**Current Medication(s)** \_\_\_\_\_

***\*\*This signed and completed form must be submitted to the Athletic Office before participating.\*\****

## Delran High School

### Fitness Center Rules

1. Horseplay, abusive behavior, and foul and/or abusive language are prohibited.
2. No food or drink allowed in the weight room (Water Only).
3. All weights must be re-racked when you are done with them.
4. Wipe down benches and equipment after use.
5. Use equipment only as it is intended.
6. If you are not sure about an exercise, ask for assistance.
7. Always have a spotter.
8. Proper attire is required at all times. Appropriate footwear (athletic sneakers) must be worn. Boots, "slides", and open-toed shoes are not permitted. Shirts must be worn at all times.
9. You are here to exercise, not to socialize. If you are done with your workout and you have a ride home, please leave.
10. The fitness center closes at 4:00 pm. You must have a ride home. If you do not have a ride home, do not stay after school.

Failure to abide by the above rules or any other DHS rules and regulations may result in suspension and/or dismissal from the fitness center and associated activities.

The regular fitness center schedule will be posted weekly in the hallway and is typically open on school days from 2:30 pm to 4:00 pm. Please pay attention to any announcements and/or postings during the school day for any changes to this schedule.

You can also find this permission form and rules on our website at [www.delranschools.org/dhs](http://www.delranschools.org/dhs) under the "athletics" tab.

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