

SUMMER WEIGHTS 2009

- **You must have a physical and form signed by a medical doctor within 30 days prior to registration.**
- **If you do not have a physical, you can not participate!**
- **You must have a check or cash in the amount of \$75.00**
- A parent or guardian must sign the form.
- You must bring cleats and gym shoes every session.
- You must bring a jug of water or Gatorade. No water will be available on site.
- There will be absolutely no hazing or profanity. This will be strictly enforced.
- Be on time. Coming late means you will run extra!
- Pick up time is 3 P.M. No one is allowed in the building after 3 P.M.

Registration is at 11:30 A.M. on June 15th with the first workout slated for 1 P.M. that same day. On July 29, we will begin at 9:30 A.M. and pick up will be at 11:45 A.M. at Sorrows Hill (corner of Shiawassee and Farmington Roads). Please refer to attached calendar because meeting times vary.

GO HAWKS!

Coach Billy Slobin

(800) low – rate or (248) 569-7283

wbslobin@lowrateonline.com

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**HAWKS Football Summer Weights 2009 Registration Form
(Please Print Clearly)**

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Date of Birth: _____

Age: _____

Grade Entering: _____

Parent or Guardian Name: _____

Emergency Number: _____

FARMINGTON PUBLIC SCHOOLS

SUMMER WEIGHT & CONDITIONING CAMP PARENTAL CONSENT FORM AND REQUEST FOR MEDICAL RELEASE

I, _____, the parent and/or legal guardian of _____, a
(Please Print) (Please Print)

Resident of Farmington Public Schools, do hereby grant my consent to allow my son to participate in the 2009 Summer Weight and Conditioning Camp. I also agree to submit to Farmington Public Schools along with a signed copy of this consent form a signed medical release form from a licensed medical practitioner that certifies that (1) my son has undergone a physical exam within **the last thirty (30) days**, and (2) that he is reasonably fit and possesses no known physical condition of limitation that would prevent him from participating fully in this program as described in the attached outline. I also acknowledge that this consent form and a medical release form are mandatory, and no Farmington Public School's student will be allowed to participate in this program without signed and dated copies of both forms.

(Date)

(Signature of Parent and/or Legal Guardian)