

SOUTHERN STRENGTH AND FITNESS
Southern High School, 115 S. 11th St., Wymore, NE 68466
Fitness Participation/Parental Consent/Physical Examination Form
Separate examination MAY BE required for each school year
May 1 of the current year through June 30 of the succeeding year.

For School _____
Year _____

PART I - FITNESS PARTICIPATION
(To be filled in and signed by the participant)

Male _____
Female _____

Name _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents (if under 18) _____

City/Zip Code _____

Phone _____ Date of Birth _____

Name of Person to Contact in Emergency _____

Relationship _____ Telephone _____

PART II -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by participant or participant's parent/guardian)

You must read this information, fill out the required information and sign release below.

I acknowledge that by signing this document, I am agreeing to release the Southern Public Schools and facilities, including its school board, administrators, employees and agents from liability. I have been advised to read this document carefully before signing. I understand that my involvement in the Southern Strength and Fitness program is a privilege. In consideration of this privilege, I am signing this release/consent form.

I understand that certain elements of my participation can be physically demanding and I understand that there are certain risks of physical injury involved with all such strength, fitness and conditioning activities some of which I may not be presently aware. I understand by signing this release/consent form, I am assuming such risks are both known and unknown risks to me at this time. As a condition of my participation, I accept full and complete responsibility for my own ability to healthfully participate in this program. This means I acknowledge the Southern Strength and Fitness recommendation that I obtain a physician's approval of my participation in this program. I further release the Southern Public Schools and facilities, including its school board, administrators, employees and agents from filing any claim that I have against them as result of physical injury or illness during my participation in the strength, fitness and conditioning activities.

This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assigns may present against the Southern Public Schools and facilities, including its school board, administrators, employees and agents, harmless from liability resulting from my participation in strength, fitness and conditioning activities, including reasonable attorney fees. I understand and acknowledge the physical nature of strength, fitness and conditioning activities. I understand that participation in these activities requires a certain beginning level of physical fitness and abilities. By signing this release, I assure that I have passed a physical examination and do have a physician's clearance to be able to participate in strength, fitness and conditioning activities except that which have been listed on this form. This Release shall be effective and binding upon the Southern Public Schools and upon me. I have read this Release and understand its terms. I subsequently represent that I am at least 18 years of age, or if I am under 18 that my parents/guardian have signed the form in authorization of these terms.

Signature _____ Date _____

If under 18 years of age, a parent or guardian MUST sign above

PART III -- MEDICAL HISTORY

This form must be completed by participant or (parent or guardia if participant is under 18 and does not have a physical form on file with Southern Public Schools) prior to being able to utilize the fitness equipment.

YES NO 1. Have you ever had any of the following? Please explain any YES answers

___ ___ heart murmur _____

___ ___ high blood pressure _____

___ ___ other heart problems _____

___ ___ broken bones _____

___ ___ weak joints-ankles, knees _____

___ ___ concussion _____

___ ___ operation _____

___ ___ seizures or epilepsy _____

___ ___ 2. Have you ever fainted or passed out? _____

___ ___ 3. Have you ever been knocked out? _____

___ ___ 4. Have you ever been hospitalized? _____

___ ___ 5. Have you ever had to stop running after 1/4 to 1/2 miles for chest pain or shortness of breath?

___ ___ 6. A. Have you ever had significant allergies to:

___ ___ bee stings? - On medication – yes___ no___ _____

___ ___ foods _____

___ ___ medicine _____

___ ___ others _____

B. Do you have prescription for use of:

___ ___ Adrenaline _____

___ ___ Inhalers _____

___ ___ Other allergy medicine _____

___ ___ C. Do you have asthma? _____

___ ___ 7. Do you take any medicine regularly? _____

___ ___ 8. Have you had any illnesses lasting a week or more
such as mononucleosis, etc.? _____

___ ___ 9. Have you had any blood disorders, including sickle
cell trait, anemia, etc.? _____

___ ___ 10. Has any family member had a heart attack, heart
problems or sudden death before the age of 50? _____

___ ___ 11. Do you wear contact lenses, eyeglasses or dental appliance? _____

___ ___ 12. Do you have any missing or non-functioning organs
such as testes, eye, kidney, etc.? _____

13. Menstrual History:

___ ___ Have you begun menses yet? _____

___ ___ 14. Do you have any other significant health problems? _____

___ ___ 15. Hepatitis B Immunization Series? _____

16. DATE OF LAST TETNUS IMMUNIZATION? _____