



# Perry Athletics



**One Success Blvd. \* Perry, OH \* 44081 \* (440) 259-9400, Ext. 9499**

**TJ Rockwell  
Athletic Director**

## Strength & Conditioning Waiver Form

I authorize for my child \_\_\_\_\_ to participate in the Strength Training program with Mr. Crissinger, Perry Schools Strength & Training Coach. To my knowledge, my child has no medical conditions that should prevent him/her from participating.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number