SETON HIGH SCHOOL
ATHLETIC DEPARTMENT
3901 Glenway Avenue • Cincinnati, Ohio 45205-9986 • (513) 471-2600 • Fax (513) 471-0529

Strength and Conditioning Program Participation Form

I certify that my daughter _____is healthy and free of any injury or illness that would limit her participation in Seton High Schools Strength and Conditioning Program. I hereby release, exonerate and discharge Seton High School and the Strength and Conditioning Program, as well as their employees from any and all actions, known or unknown, and from any injuries incurred in training. The below signature by a parent/guardian, does hereby delegate to Seton High School and Strength and Conditioning Program and its employees or agents the authority to seek, obtain and approve any medical care and treatment for the below-named minor, which in their judgment is necessary for the health and well-being of said minor during her attendance at the Seton High School and the Strength and Conditioning Program. Further, I agree to hold Seton High School and Strength and Conditioning Program, its employees or agent, harmless for any liability arising out of any good faith actions taken in seeking and obtaining medical care and treatment for the below-named minor. All costs incurred are the responsibility of the parent/guardian.

_____ _____ _____
Signature of Parent or Guardian Date Home Phone

Address_____ City_____ Zip_____ Work Phone_____

Cell phone _____

Emergency Contact _____ Phone_____

Relationship _____

MEDICAL INFORMATION
Please Print

Student's Name _____ Birthdate_____

Allergies _____Chronic Conditions (e.g. epilepsy, diabetes) _____

Medications_____

Medical Insurance Co._____ ID #_____ Group No._____

Subscriber Name _____ Home Phone_____ Work Phone_____

Subscriber Birthdate _____

Family Doctor_____ Phone _____

Family Dentist _____ Phone _____