**ATHLETE CONSENT FORM**

**The participant must complete this form herself/himself**

**Course : Strength & Conditioning**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PLEASE TICK YOUR RESPONSE IN THE BOX

I have had the opportunity to ask questions and discuss the physical course demands

 Yes ⁭ No ⁭

I agree to take part in this course and I’m aware of the various exercises involved.

 Yes ⁭ No ⁭

I have completed a Physical Activity Readiness Questionnaire (PARQ) form and listed any injuries, limitations or additional needs required. Yes ⁭ No ⁭

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

\*students under 18 years of age must get parents signature and permission to participate fully in the course.

Parent /guardian signature :