



Access to Physical Fitness Room

Parental Authorization

Summer 2008

Would you please complete and sign this consent form as needed and send it to the *Campus Notre-Dame-De-Foy / École de langues*. A copy will be given to physical fitness room personnel.

Student's last name : _____ First Name: _____
(please print)

Age: _____ Birthday: _____

A) Parent authorization

We hereby give the permission to our child to follow a training program given by the physical fitness room of the Campus Notre-Dame-De-Foy and he/she:

- consents to having a general evaluation done of his/her physical condition by a physical education professional ;
- has the obligation to inform the trainer of any physical inconvenience such as pain, abnormal tiredness, or other physical symptoms;
- is free to ask any questions about the training program at any time.

Parent's signature : _____

- Father**
- Mother**
- Tutor**

Phone number: (_____) _____

Date : _____

B) Student's agreement

I am aware and understand the content of this document and I agree to these conditions.

Student's signature : _____ Date : _____