

# SUPER GROUP INFORMATION AND WAIVER SHEET



ATHLETE NAME: \_\_\_\_\_

SPORTS PLAYED: \_\_\_\_\_

ATHLETE GRADE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT DAYTIME PHONE: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

In consideration of my child being allowed to participate, I understand that the Super Group program will include running, speed/agility work, and weight training.

In case of an emergency, I hereby give my permission to the physician selected by the Super Group staff to hospitalize, secure treatment for, and take all necessary measures to maintain his/her safety and health.

I will be financially responsible for all medical claims for my child and do not hold Jon Engholm and his staff or the Bloomington Public Schools liable for any injuries sustained as a result of their participation in Super Group.

A recent physical examination (within 2 years) for my child indicated no reason my child would not be able to participate in all aspects of the Super Group program.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_