

## Weight Room Waiver

Without a signed waiver (below) from both, guardian and student, you will not be able to participate or have access to the Twin Cities Academy weight room. Only one waiver is required per school year. Return to Athletic Director or Coach.

### STUDENT INFORMATION

Student Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Student ID#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home

Address: \_\_\_\_\_

Street

Apt#

City

Zip Code

### PARENT/ GUARDIAN INFORMATION

1. Name: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_ (Cell): \_\_\_\_\_

### FAMILY PHYSICIAN INFORMATION

Clinic Name: \_\_\_\_\_ Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE FOLLOWING MUST BE SIGNED AND DATED:** "We have read and agree to the following..." (Please check)

- Conflict Resolution Policy:** The steps in the conflict resolution policy will be followed as described if needed.
- Insurance Wavier:** Twin Cities Academy/ Great River School/ Sejong Academy are released from any claim and demand in connection with injuries suffered by the above-named student while participating in a school related sport. The district does not carry insurance to cover these expenses.
- No False Information:** All of the completed information is accurate for the student-athlete and no information has been falsified.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date