



W E S T W E I G H T L I F T I N G

SCHOOL YEAR HOURS

Monday-Tuesday: 4:00pm – 5:30pm

Wednesday: CLOSED

Thursday-Friday: 4:00pm – 5:30pm

WEIGHTLIFTING WAIVER FORM

(Please Print Clearly)

Player Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Date of Birth: _____ Current School: _____ Current Grade: _____

Emergency Contact: _____ Emergency Phone: _____

My signature below confirms that my child is in good health and may participate in the Madison West Youth Weightlifting Club. I hereby waive all claims and liabilities against the Madison West Youth Weightlifting Club, its staff and representatives, arising from the risk inherent in the nature of the activities and participation in the club.

Parent/ Guardian Signature: _____

Print Name: _____ Dated: _____

Please contact Coach Murphy at coachmurphywest@gmail.com with any questions.