

Dear Parents and Students,

Delone Catholic High School is pleased to announce the launch of our newest extracurricular activity, The Golden Gloves Conditioning Club. The Golden Gloves Conditioning Club is a <u>non-contact</u>, physical conditioning workout which incorporates boxing principles.

This new extracurricular activity will challenge participants to more fully achieve the Mission of Delone Catholic and better become 'Doers of the Word' by increasing their physical stamina and improving their overall health.

Each session will last 90 minute and a typical workout will include, but not be limited to:

- 1. Prayer to begin the session
- 2. Warm up/Stretching
- 3. Jumping rope
- 4. Coordination Movements
- 5. Basic Boxing Movements
- 6. Heavy Bag Training
- 7. Weight Training(3-5 pound limit)
- 8. Instruction in proper breathing

The Club will meet after school, one to two times per week with scheduled times to be determined.

Any student who would like to participate will be required to have parental consent and sign a waiver/release. Additionally, personal medical insurance is required to participate.

The Club will be instructed by coaches with Diocesan clearances, CPR certification, Concussion certified along with a Cardiac Arrest Certification.

All equipment will be provided for participants.

Please note that for students to be able to participate in extracurricular activities, they must be academically eligible.

Additionally, please find in this introductory packet the required waiver/release form and emergency contact which must be completed before a student is permitted to participate.

If you have any questions regarding this activity, please contact the activity moderator, Mr. Rex Walter, at GoldenGloves@delonecatholic.org

Thank you

Delone Catholic High School Golden Gloves Conditioning Club

Permission to Participate in Conditioning Club								
Student's Full Name								
Assumption of Risk								
I am aware of the risks involved, including but not limited to: minor injuries, such as sprains; major injuries such as heart attack or knee injuries; or catastrophic injuries such as death or paralysis; in this Activity. I am aware that unanticipated and unexpected events may occur during this Activity, including during transportation to and from the destination (if applicable), that may result in injury.								
I certify that: (1) I possess the satisfactory level of physical fitness to participate in this activity; (2) I am aware that I must stop any activity at any time when I feel undue discomfort or stress; and (3) I will inform the coach in writing any health related issued that may affect my ability to participate, and will also inform the adult-in-charge/coach verbally immediately of any issues.								
I have read and understood the preceding information. I know, understand and appreciate the inherent risks associated with my participation, and I am voluntarily and willingly participating in this activity. In doing so, I am assuming all of the inherent risks, foreseeable and unforeseeable, of the activity and its associated activities. I also understand that in the event of medical emergency I will be financially responsible for any expenses involved.								
Signature of Participant	(Print)	Date						
Signature of Parent/Guardian	(Print)	Date						
REL	EASE/HOLD HARMLES	SS/INDEMN	NITY AGREEMENT					
The above named ACTIVITY PARTICIPANT agrees to defend, protect, release, indemnify and hold harmless Delone Catholic High School and the Diocese of Harrisburg against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT, which arise out of the above named ACTIVITY OR USAGE at the above named SCHOOL.								
Additionally, the above named ACTIVITY PARTICIPANT agrees to protect, defend, hold harmless and fully indemnify Delone Catholic High School and the Diocese of Harrisburg for any claim, or cause of action whatsoever, arising out of the above mentioned ACTIVITY OR USAGE, which takes place during the above ACTIVITY OR USAGE that is brought against the SCHOOL by the above named ACTIVITY PARTICIPANT, or their family members, whether such claim arises from the alleged negligence of the SCHOOL, its employees or agents, or ACTIVITY PARTICIPANT'S negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.								
Signature of Participant	(Print)	Date						
Signature of Parent/Guardian	(Print)	Date						
Required Insurance Information								
Personal Medical Insurance is required to participate in the Golden Gloves Conditioning Club: Please fill out the below section								
Medical Insurance Carrier:	Policy Number:							
Signature of Parent/Guardian				Date				

DELONE CATHOLIC HIGH SCHOOL EXTRACURRICULAR INFORMATION/PERMISSION

Team/Activity	
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Section 1: Personal and Emergency Information

Name	Current Date	
Current Grade Level		
Graduation Year/Class of		
Student's Date of Birth		
Student's Current Age		
Student's Cell Phone		
A Parent or Guardian with whom you reside:	Second Parent and/or Residence:	
Name	Name	
Address	Address	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
Email	Email	
Relationship to Student	Relationship to Student	
Primary Emergency Contact:	Secondary Emergency Contact:	
Name	Name	
Address	Address	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
Email	Email	
Relationship to Student	Relationship to Student	
List any known allergies, conditions or medications (include treatment if known):	Primary Care Physician:	
	Address	
	Phone	
-	List over-the-counter medications that may be given:	
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	uthorize any necessary medical treatment for this student while in ed personnel for the period of theschool year w	