EAST REGION
ADULT EDUCATION
Education That Works

GROSSMONT ADULT EDUCATION

I hereby request permission to attend the following physical fitness course offered by Grossmont Adult School:

Course Number and Title: _____

Trimester/Year: _____

Instructor: _____

To my knowledge, I am physically able to participate in the activities of this class and agree to hold the Grossmont Union High School District and the instructor of this course harmless for any illness or injury that I may incur as a result of participation in the class.

Name (please print)	Signature	Date

Name (please print)	Signature	Date