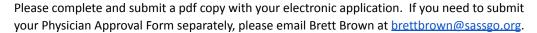
SASS GO INSTRUCTOR CANDIDATE APPLICATION

PHYSICIAN APPROVAL FORM





SECTION	1
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Candidate Name SASS Go's policy regarding application for Instructor Candidate Training requires all participant	·
SASS Go's policy regarding application for Instructor Candidate Training requires all participant	·
Physical Approval form prior to participation. Participation is contingent upon your physician's hereby give my physician permission to release any requested pertinent to the staff of SASS Go information will be kept confidentially.	• • • • • • • • • • • • • • • • • • • •
Participant Signature Date	-
SECTION 2	
(To be completed by candidate's physician)	
Dear Physician,	
Your patient, name above, has expressed an interest in participating in SASS Go Instructor Canditraining, participants are led by a trained instructor through a variety of physical movements the muscular and flexibility training; or a combination of all three. Classes may include repetitive to that will result in elevations of heart rate, and blood pressure; or a series of moves that will tail both mind and body. It is the responsibility of the participant to communicate information mediangly preclude the participant from involvement in any particular activity.	nat include cardiovascular, ow to high impact moves get the core and challenge
Please mark the appropriate statement below concerning this patient.	
No restrictions apply as to type of class/training program	
The following restrictions should apply	
Participation is not recommended at this time.	
Physician Signature Phone ()	- ⁻
Physician Name (print, type, or stamp)	
Address	

 $Questions\ directed\ to\ SASS\ Go\ Director\ of\ Education,\ Brett\ Brown,\ at\ \underline{BrettBrown@SASSGo.org}\ or\ 803-553-8822$