

Certificate of Training Completion
2014-2015 Weight Room



I hereby certify that I have participated in and completed the instruction and training on proper use of weight lifting equipment, proper spotting, and proper weight lifting technique. I understand that it is mandatory to complete this training and that it is my responsibility to employ this training at all times when using the weight lifting facility.

Name: _____

Student Signature: _____

_____ has successfully completed the required weight training course and has demonstrated the technical and safety requirements to use the Fort Frances High School weight room for the 2014-2015 school year.

Instructor: Ian McKay, ISSA Master Trainer/Personal Training Specialist/Youth Training Specialist

Signature: _____

Date of Completion: _____

Teacher Supervisor Signature: _____

Students must complete training for each new school year. The amount of time needed for training is based on individual user experience and current knowledge of safety and lifting technique