

June 10, 2016

Dear Students in Grades 4, 5, 6, 7, 8 and Parents,

This letter is for those who intend to participate in any CYO sports or in Spirit Squad this coming school year 2016-2017. **Those who wish to participate must have a sports physical before being able to do so.** This would include any sport or Spirit Squad practice. You may go to your doctor or refer to the list below. Take the enclosed form with you. They may use this form or one of their own. It needs to state that you are in good health, cleared to fully participate in sports, and must be signed by the physician. The form should indicate the name of the facility.

The following list is provided for those who might need it.

Verdugo Hills Urgent Care

544 N. Glendale Ave.

Glendale, CA 91206

(818) 241- 4331

(Open every day 7:00AM - 8:30 PM) Tuesday, Wednesday, and Thursday are not as busy as other days. Saturday & Sunday hours are 9:00 – 5:30pm

A parent will need to be with you.

The cost is \$65.00. Tell them you are from Holy Family Grade School

Health Advantage

1450 N Lake Ave

Pasadena, CA

(626) 798-7805

The cost is \$25.00

Please call for an appointment

Marirose Martinez

Holy Family Grade School

Office Manager

**PRACTICE BEGINS WHEN SCHOOL STARTS SO IT IS IMPORTANT
TO HAVE THE SPORTS PHYSICAL TURNED IN BY THE FIRST DAY
OF SCHOOL (August 29, 2016)**

(Please see Sports Form at the back of this page)

SPORTS PHYSICAL EXAM FORM FOR SCHOOL YEAR 2016 - 2017

My child has permission for a sports exam.

Parent Signature _____ Date _____

_____ had a physical on _____
(Name) (Date)

And is found to be in good health and is cleared to fully participate in all sports.

Print name of physician

Signature of examining physician

Address of Facility (Use Stamp)

Dear Parents of 4th, 5th, 6th, 7th, and 8th graders,

To participate in sports/spirit squad practice or games your child must turn in this permission form to:

Holy Family Grade School
400 South Louise St.
Glendale, CA 91205 (818) 243-9239

Print Student's Name

Grade SY 2016-2017

Birth date

My Child _____ has my permission to participate in
CYO and School Sports in the 2016 - 2017 School Year

Parent's Signature

Date

Print Name