

Start of the Year: Sports Physical Form

June 1, 2018

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

This letter is for those who intend to participate in any CYO sports or in any Spirit Squad teams this coming school year **2018-2019**. **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 7:00 a.m. - 8:30 p.m.) Tuesday, Wednesday, and Thursday are not as busy as other days. Saturday & Sunday hours are from 9:00 a.m. to 5:30 p.m.

A parent will need to be with you.

The cost is \$65.00. Please inform them that you are from Holy Family Grade School – Glendale.

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

**SPORTS PRACTICE BEGIN WHEN SCHOOL STARTS SO IT IS
IMPORTANT TO HAVE THE SPORTS PHYSICAL TURNED IN ON
THE FIRST DAY OF SCHOOL ([August 28, 2018](#))**

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

SPORTS PHYSICAL EXAM FORM FOR SCHOOL YEAR **2018-2019**

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 as well as cleared to fully participate in all sports.

Name of Physician (PRINTED)

Signature of Examining Physician

Address of Facility (Use stamp.)

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

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 **2018-2019**

DOB, Date of Birth

My child _____ has my permission to participate in
CYO and School Sports in the 2018 - 2019 School Year

Parent's Signature

Date

Name (PRINTED)