

***Start of the Year: Sports Physical Form***

**May 26, 2021**

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 **2021-2022**. **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 \$35.00

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 23, 2021](#)).***

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

SPORTS PHYSICAL EXAM FORM FOR SCHOOL YEAR **2021-2022**

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 **2021-2022**

\_\_\_\_\_  
DOB, Date of Birth

My child \_\_\_\_\_ has my permission to participate in  
CYO and School Sports in the **2021 – 2022** School Year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (PRINTED)