

Start of the Year: Sports Physical Form

June 4, 2024

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 **2024-2025**. **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.

Adventist Health Physicians Network / Urgent Care Glendale
544 N. Glendale Ave.
Glendale, CA 91206
(818) 241- 4331
Open every day 8:00 a.m. - 8:00 p.m. - Mondays thru Fridays
Saturday & Sunday hours are from 9:00 a.m. to 5:00 p.m.

A parent will need to be with you.
Please check the cost and kindly inform them that you are from Holy Family Grade School – Glendale.

Health Advantage Physical Medicine
1450 N Lake Ave
Pasadena, CA
(626) 798-7805

Please call for an appointment and verify the fee(s). Open from 9:00 a.m. thru 12:00 noon and from 2:00 p.m. – 6:00 p.m. on Monday, Wednesday, Thursday, and Friday. Open from 9:00 a.m. thru 12:00 noon on Tuesday and Saturday. Closed on Sundays.

Mrs. Teresa Nelson / Mr. Karl Johnson
Athletic Director / Sports Coach and Consultant
Holy Family Grade School

SPORTS PRACTICES BEGIN WHEN SCHOOL STARTS SO IT IS IMPORTANT TO HAVE THE SPORTS PHYSICAL TURNED IN ON THE FIRST DAY OF SCHOOL (August 21, 2024).

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

SPORTS PHYSICAL EXAM FORM FOR SCHOOL YEAR 2024-2025

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 **2024 - 2025**

DOB, Date of Birth

My child _____ has my permission to participate in CYO and School Sports in the **2024 – 2025** School Year.

Parent's Signature

Date

Name (PRINTED)