

*Overbrook School for the Blind
6333 Malvern Avenue
Philadelphia, PA 19151
Phone: 215-877-0313 x 231*

SPORTS PARTICIPATION FORM

Student's Name: _____

Date of Birth: _____

I have completed the attached physical form COMPLETELY and find that the above student has no limitations in activity or a medical condition or medication that would prohibit them from safely participating in the following extracurricular sports:

- WRESTLING
- CHEERLEADING
- GOALBALL
- SWIMMING
- TRACK

Please check all the sports the student may participate in, even if the student does not express an interest in participating at this time.

Physician Name (please print)

Physician Signature

Date

Parent/Guardian Signature

Date