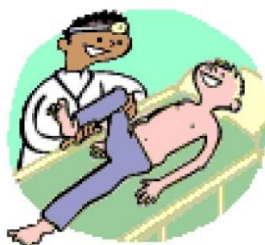


SPORTS PHYSICALS



FOR THE 2015-2016 SCHOOL YEAR

THURSDAY, MAY 28, 2015

9:30 a.m. – 12:30 p.m.

**Joliet Catholic Academy
Student Activity Center**

Cost: \$25 (Cash or checks payable to Joliet Catholic Academy)

Physicals will be performed by local orthopedic surgeons, family practice physicians, school athletic trainers, school nurses and the staff of Athletico Physical Therapy.

Please wear comfortable clothing (no jeans) and athletic shoes (no sandals or flip-flops).

PARENTAL PERMISSION IS REQUIRED OF ALL STUDENT-ATHLETES

I give permission for my son/daughter to be screened by the local orthopedic surgeon, family practice physician, school nurse, athletic trainers, and the staff from Athletico Physical Therapy. I understand this is an athletic physical and further care may be recommended. I further understand that this is not to replace physician's visits and any emergency care.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____