



Chan Soon-Shiong
Medical Center
at Windber

Orthopedic Walk-In Clinic

SCHOOL SPORTS PARTICIPATION FORM

Patient Name:
School District:
Club/Travel Teams:

SPORTS

Please check the sports you participate in (both club and school).

<input type="checkbox"/> Baseball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Boys' Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hockey	<input type="checkbox"/> Girls' Tennis
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Boys' Lacrosse	<input type="checkbox"/> Track and Field (Indoor)
<input type="checkbox"/> Competitive Twirling / Guard	<input type="checkbox"/> Girls' Lacrosse	<input type="checkbox"/> Track and Field (Outdoor)
<input type="checkbox"/> Cross-country	<input type="checkbox"/> Rifle	<input type="checkbox"/> Boys' Volleyball
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Girls' Volleyball
<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Golf	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other:

Please note a copy of any participation/restriction note will be sent directly to your school trainer after your visit

Parent Signature: _____ Date: _____