



SS. SIMON & JUDE CATHEDRAL SCHOOL

6351 North 27th Avenue • Phoenix, AZ 85017

602.242.1299 • Fax: 602.433.7608

www.simonjudeschool.org

June 10, 2019

Dear Incoming 5th, 6th, 7th, & 8th Grade Parents,

It is the policy of the Catholic Youth Athletic Association (C.Y.A.A.) that every student athlete who participates in the C.Y.A.A. after-school sports program must have an annual doctor's physical before they can be chosen for a team sport.

If your child is planning to try out for any after-school sports team at Ss. Simon & Jude Cathedral School in the 2019-2020 school year, he or she needs to have a physical **before** tryouts. On the other side of this letter, you will find the official form that will need to be filled out by your child's physician. This form will be collected **before** your child is allowed to try out.

The following sports are offered during the school year:

Fall	Football (Boys)	Volleyball (Girls)	Cross Country (Boys & Girls)
Winter	Basketball (Boys)	Softball (Girls)	
Spring	Baseball (Boys)	Basketball (Girls)	Track & Field (Boys & Girls)

Thank you for your attention to this policy. This is for the safety of your child while participating in after-school sports.

Sincerely,

Sister Raphael Quinn

Sister Raphael Quinn
Principal

SRQ:ds



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ATHLETIC MEDICAL AUTHORIZATION

Please Print: (Last Name) _____ (First Name) _____ (Middle Initial) _____
Grade _____
Birthdate _____

Eyes R _____ L _____ Glasses _____ Hearing R _____ L _____ Height _____ Weight _____
Ear, Nose, Throat _____ Lungs _____
Urinalysis _____ Diabetes _____ Pulse _____
Blood Pressure and Heart _____ Heart Murmur _____
Deformities or present illness _____ Prosthesis _____
Hernia evidence _____ Concussion _____ Epilepsy _____ Other _____

Would athletic competition be injurious? _____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

_____ Date _____ Signature of Examining Physician

Health History

_____ allergy to bee sting	_____ emotional problems	_____ kidney trouble
_____ anemia	_____ epilepsy	_____ migraine headaches
_____ arthritis	_____ fainting	_____ pneumonia
_____ asthma	_____ heart murmur	_____ rheumatic fever
_____ concussion	_____ hepatitis	_____ other
_____ diabetes	_____ hernia	_____
_____ eczema	_____ hives	_____

Operations: _____
(Include year)

Fractures: _____
(Include year)

To which drugs is the student allergic? _____

If student is now under medical treatment, list reason and attending doctor: _____

****Please Return this form to the School Office****

To Jesus Through Mary