

THOUSAND ISLANDS HIGH SCHOOL

This is to certify that _____ is physically qualified to participate in **the following** categories of competition during the school year _____.

AN UNMARKED BOX OR BOXES INDICATES DISQUALIFICATION FOR THE PARTICULAR GROUP OF ACTIVITIES.

CONTACT OR COLLISION SPORTS

ENDURANCE ACTIVITIES

OTHERS

CONTACT OR COLLISION SPORTS

ENDURANCE ACTIVITIES

OTHERS

Baseball
Basketball
Football
Hockey (field & ice)
Lacrosse
Rugby
Soccer
Softball
Wrestling

Crew
Cross-Country
Fencing
Gymnastics
Handball
Skiing
Swimming
Tennis
Track
Volleyball

Archery
Bowling
Cheerleading
Field Events
Golf
Rifle Team

Height _____

Weight _____

Urinalysis _____

B.P. _____

Reason for Disqualification _____

Date _____

Signed _____

(School Physician)

This certificate is void if the pupil is absent for five (5) or more consecutive days because of illness or because of a significant injury. A new certificate must be issued before he/she is allowed to participate.

Eyes _____

Ears _____