

TRINITY CHRISTIAN SCHOOL
299 Ridge Avenue
Pittsburgh, PA 15221
412-242-8886

PHYSICIAN'S STATEMENT
GRADES 5 - 8

FOR PARTICIPATION IN TRINITY CHRISTIAN SCHOOL ATHLETICS

I hereby certify that I have examined _____ and found him/her physically fit to participate in the Trinity Christian School Athletics, and I know of no impairments that would limit his/her participation.

Comments _____

Physician's Signature _____

Address _____

Telephone # _____