

The Maryland School for the Blind

PHYSICAL ACTIVITY FORM

School Year 2011-2012

Student Name: _____ Date of Birth: _____

Please check the appropriate sports and activities for the above named student.

When possible, activities are adapted to accommodate students with special needs.

ACTIVITIES ARE ADAPTED TO ACCOMMODATE STUDENTS WITH SPECIAL NEEDS.

Eastern Athletic Association for The Blind Sports Teams:

<input type="checkbox"/> Wrestling *
<input type="checkbox"/> Goal Ball *
<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Swimming
<input type="checkbox"/> Track and Field

Adapted Physical Education Activities:

<input type="checkbox"/> Stretching Exercises
<input type="checkbox"/> Modified Sports
<input type="checkbox"/> Adapted Biking
<input type="checkbox"/> Walking/Running

*Contact Sport

Adapted Recreation Activities

<input type="checkbox"/> Camping	<input type="checkbox"/> Karate (non-contact)
<input type="checkbox"/> Skiing	<input type="checkbox"/> Boxing (non-contact)
<input type="checkbox"/> Roller Skating	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Bowling	<input type="checkbox"/> Snow Tubing
<input type="checkbox"/> Leisure Swimming	<input type="checkbox"/> Field Day Events
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Carnival Rides
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Moonwalk/Bounce
	<input type="checkbox"/> Slip-n-Slide

Cleared For:

- Adapted Sport Activities
- Adapted Fitness Activities
- Therapeutic Activities

I understand that this form remains in effect UNLESS CHANGED BY MY CHILD'S PHYSICIAN by written order sent to the Health Center.

Parent/Guardian Signature

Date

Physician Signature

Date

Physician Office Phone Number

Fax Number