

EAST GREENBUSH CENTRAL SCHOOLS
PHYSICAL EDUCATION ACTIVITY FORM

ALL PUPILS REGISTERED IN THE SCHOOLS OF NEW YORK STATE ARE REQUIRED TO PARTICIPATE IN PHYSICAL EDUCATION. ANY STUDENT WHO IS UNABLE TO PARTICIPATE IN THE ENTIRE PROGRAM NEEDS TO HAVE HIS/HER ACTIVITIES MODIFIED.

STUDENT _____ GRADE _____

DIAGNOSIS _____

REGULAR GYM - YES OR NO (NO GYM FOR GREATER THAN 1 WEEK REQUIRES AN ADAPTED PROGRAM)

ADAPTED GYM - YES OR NO (EX.: WALKING/REHAB EXERCISES/WEIGHT TRAINING (UPPER OR LOWER BODY))

RETURN TO GYM/SPORTS ON _____

SPECIAL CONSIDERATIONS _____

PHYSICIAN NAME/ADDRESS/PHONE _____
(PLEASE PRINT)

DATE _____ SIGNATURE _____

KATHY VALLE
TAMMY COSGROVE
COLUMBIA HIGH SCHOOL
207-2070
FAX # 207-2079

ELIZABETH COHOON
GOFF MIDDLE SCHOOL
207-2490
FAX # 477-2667

MARGE SECOR
BELL TOP
207-2604
FAX#283-4715

SARAH TACY
D.P. SUTHERLAND
207-2624
FAX# 766-9548

KATHY DEFRUSCIO
GREEN MEADOW
207-2644
FAX # 479-7954

MARGARET CONDO
GENET
207-2684
FAX# 477-4466

ANN WARRINGTON
RED MILL
207-2664
FAX# 449-2480