THE ENLARGED CITY SCHOOL DISTRICT OF TROY, NEW YORK

Troy High School 518-328-5425 Fax 518-271-5174. Troy Middle School 518-328-5325 Fax 518-271-5175

SPORTS PARTICIPATION UPDATE FORM

At the beginning of each season, a Health History review must be completed within 30 days prior to start of tryout sessions or practice, unless the athlete received a full medical exam within those 30 days.

Since your son/daughter's last school examination, have there been any medical problems (injuries, illnesses, operations, etc.)? No____ PLEASE CHECK ONE: Yes ____ If yes, please explain with date _____ Has your child ever tested positive for COVID? No Yes I, the undersigned, clearly understand this question is asked in order to decide if my child can safely participate on the athletic team. The answer is correct as of this date and he/she has my permission to participate. Student's Name Date of Birth _____ Grade ____ Male ___ Female ___ (check one) Sports: Signature of Parent or Guardian Date Address: Home Telephone: Work Telephone: Cell Telephone: