

**PHYSICIAN DIRECTED ACTIVITY LEVEL PARTICIPATION FORM**

Name:	No Participation	Skills 1:1 With Staff	Skills 1:1 With Student	Skills Small Group	Lead-Up Activities	Full Participation Competition
<b><u>Recreational</u></b>						
Archery						
Adventure Based Activities						
Badminton						
Bocce						
Bowling						
Croquette						
Frisbee						
Golf						
Kickball						
Roller Skating						
Shuffle Board						
Swimming						
Table Tennis						
Tetherball						
<b><u>Sports</u></b>						
Basketball						
Football						
Gymnastics						
Hockey (Floor)						
Hockey (Street)						
Softball						
Tennis						
Team Handball						
Track & Field						
Ultimate Frisbee						
Volleyball						
<b><u>Fitness</u></b>						
Aerobics						
Biking						
Circuit Training						
Dance						
Exercise Machines						
Jump Rope						
Jogging						
Strength Training						
Walking						
Weight Training						
Other						
<b><u>Specific Body Parts</u></b>						
Upper body, weight lifting						
Upper body,						


Physician  
Comments: \_\_\_\_\_

Physician Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_