

**Great Valley School District
Physical Education Restricted Participation Form**

All pupils are required to attend a regular or adaptive physical education class for instruction. We offer modified activities according to the student's limitation and always encourage the student to gauge his/her activity.

Name _____ Grade _____ Date _____

Estimated Duration: _____ Week(s) _____ Month(s) _____ (Year)

Return to PE Date: _____ Description of Problem/Limitation: _____

Any specific activity that may cause harm to the student: _____

Limited Participation

Indicate below all activities in which the student may/may not participate.

Contact Activity	Yes	No	Non-Contact (Vigorous)	Yes	NO
Basketball			Body Weight Fitness Exercises		
Floor Hockey			Exercise Bike		
Football			Jogging		
Soccer			Locomotor Skills (Running, Jumping, etc.)		
Softball			Track		
Ultimate Frisbee			Treadmill		
Volleyball			Walking for Wellness		
Non-Contact (Moderate)	Yes	No	Wall Climbing		
Lower Body Weight Training					
Upper Body Weight Training					
Stretching Exercises					
Tennis					
Pickle Ball					
Mind/Body Yoga					

Are special protective devices required? If so, please list. _____

Rehabilitation Program (exercise bike, isolateral hammer strength, etc.): Please attach rehabilitation instructions. GVSD has a complete weight room facility.

Physician's Name

Phone Number

Physician's Signature

Date