A logo of a school

Description automatically generatedCherokee Trail High school

Wellness/Fitness Activities

**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: 9 10 11 12**

**Nature of Illness / Injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of Modification Required \_\_\_\_\_\_\_ Weeks \_\_\_\_\_\_\_Months**

**Elevator Pass Required? \_\_\_\_\_\_\_No \_\_\_\_\_\_\_Yes Elevator Pass Through Date \_\_\_\_\_\_\_\_\_\_**

We have the ability to modify physical activity for students who have various injuries, illnesses, or health conditions allowing movement when they are unable to participate in their regular class activity.

*Please read though the list below and note those items you feel would be suitable*

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Activity** | **May**  **Participate** | **May Not**  **Participate** | **Comments** |
| Free Weight Training – no restrictions |  |  |  |
| Free Weight Training – upper body only |  |  |  |
| Free Weight Training – lower body only |  |  |  |
| TRX Bands |  |  |  |
| Aerobics/Kickboxing |  |  |  |
| Core Strength |  |  |  |
| Flexibility Training |  |  |  |
| Aerodyne Bicycle |  |  |  |
| Foam Rollers |  |  |  |
| Walking |  |  |  |
| Jogging/Running |  |  |  |
| Soccer |  |  |  |
| Tennis |  |  |  |
| Flag Football |  |  |  |
| Lacrosse |  |  |  |
| Swimming |  |  |  |
| Badminton |  |  |  |
| Softball |  |  |  |
| Volleyball |  |  |  |
| Basketball |  |  |  |
| Yoga |  |  |  |
| Rehabilitation Exercises (please provide) | | | |

**Additional Comments or Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please feel free to contact us for further clarification. Return this form to Cherokee Trail High School via the student or parent.

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Ryan Hooke, Head Athletic Trainer Email: [Hooke@uchealth.org](mailto:Hooke@uchealth.org)

**FOR WELLNESS/FITNESS DEPARTMENT ONLY**

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_