



## 2007-2008 SCHOOL PRE-PARTICIPATION PHYSICAL

July 25, 2007  
6-9PM

(STUDENT-ATHLETE ENTERING GRADES 7 – 12)

**WHERE: BEACON ORTHOPAEDICS & SPORTS MEDICINE CENTER  
6480 Harrison Avenue**

**COST:**

**\*\$20.00 PER ATHLETE / CASH & CHECK ONLY**

**\*NO INSURANCE PLANS WILL BE ACCEPTED\***

**\*\$10.00 PER ATHLETE WILL GO BACK TO THE SCHOOL'S ATHLETIC DEPT. TO PURCHASE SPORTS MEDICINE SUPPLIES, IN THE FORM OF A GIFT VOUCHER.**

**\*ATHLETES MUST BE DRESSED IN SHORTS**

**\*ONLY OHIO STATE PHYSICAL FORMS PROVIDED (Downloadable at: [www.ohsaa.org](http://www.ohsaa.org))**

**\*FORMS WILL NOT BE ACCEPTED, UNLESS PROPERLY FILLED OUT AND SIGNED BY THE ATHLETES' PARENT OR GUARDIAN.**

**\*INDIVIDUAL WALK-INS WELCOME UNTIL 9:00 P.M. / NO APPOINTMENT NECESSARY.**

**\*MAKE ALL PERSONAL CHECKS PAYABLE TO: BEACON ORTHOPEDICS**

*For more information, please call 513-354-3700 or visit [www.beaconortho.com](http://www.beaconortho.com) for details and directions*

