

# Totowa Borough Public Schools

## Washington Park School

10 Crews Street, Totowa, NJ 07512

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Patricia Capitelli  
Chief School Administrator

David Bower  
Principal

September, 2021

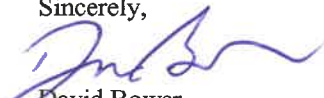
Dear Sixth, Seventh, and Eighth Grade Parents and Guardians:

Washington Park School is organizing after school traveling basketball and volleyball teams for students in grades 6, 7, and 8, and intramural volleyball teams for students in grades 5, 6, 7, and 8. A student interested in basketball **MUST** try-out. All students interested in volleyball will be accepted. If your child is interested in participating in either one or both of these programs, **it is imperative** that the parents/guardians and physician **complete** the physical form. Forms may be found on the parent portal.

You are encouraged to take your child to the doctor of your choice. If you choose this option, please have your doctor complete the entire form, and return the completed form to school by October 15, 2021.

A sports physical may also be performed in school by Dr. Marzena Odorczyk on one of the scheduled physical days in the presence of Ms. Luciano, the school nurse. If you choose to have the physical done in school then return the completed form, signed in the necessary place, to school by Friday, September 27, 2019, so that we may schedule the appointments. The "Interest" form below must be **returned by Tuesday, September 21, 2021, even if you are having the physical done by your personal doctor.** If you have any questions or concerns, you may contact Ms. Luciano at 973-956-0010 ext. 2200.

Sincerely,



David Bower  
Principal

## **BASKETBALL AND VOLLEYBALL INTEREST**

**Please check one:**

My child is interested in participating in BASKETBALL ONLY.

- *Grades 6, 7, 8 during the months of November, December & January*

My child is interested in participating in VOLLEYBALL ONLY. (Please indicate Travel or Intramural below)

- *Intramural: Grades 5, 6, 7, 8 during the months of February & March*
- *Travel: Grades 6, 7 & 8 during the months of February & March*

My child is interested in participating in BOTH SPORTS.

**Please check one:**

My child will have their physical performed by the school physician.

My child will have their physical performed by a family physician.

Student Name \_\_\_\_\_

Grade & HR# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_