

**GARNER MAGNET HIGH SCHOOL (South Campus)  
ATHLETICS & SPORTS MEDICINE**

8228 Hebron Church Rd.  
Garner, NC 27529

Michael J. Guerrero, M.Ed., LAT, ATC  
Office (919) 662-2379 x 22267

February 8, 2018

To: **Garner Magnet High School Athletes and their Parents**

From: **Garner Athletics and Sports Medicine**

Sports physicals for Garner Magnet High School student athletes will be offered on **Thursday, May 24, 2018 at 6:00 p.m.** The cost of the physical will be **\$20** per student due the evening of the physical, with all proceeds returned to the athletic program at Garner Magnet High School. **(If you are paying with a check please make check payable to *Garner Trojan Club.*)** This event is sponsored by Raleigh Orthopaedic Group, Garner Family Practice, and MyEyeDr. It will be held at **Raleigh Orthopaedic (Garner Office 1325 Timber Dr. East Garner, NC 27529).** **To receive a physical the student athlete must arrive with a completed and signed Garner High School Athletic Participation Form and GF Concussion Form. *No exceptions will be made.*** You may download this form on our website under the athletics tab or pick up one of these forms from Mr. Guerrero's office Room 1108 South Campus, or in the front office at Garner Magnet High School South Campus and Ninth Grade Center. **Please note if you have other forms that need to be filled out, ie for Middle School, Pop Warner, Boy Scouts, Camps, etc, you must bring that form with you. We are not capable of completing these following your physical.**

In order to provide the physicians with an accurate attendance count you will need to make reservations with Mr. Guerrero, Athletic Trainer by Friday, May 18, 2018. ***To make your reservations, please return the enclosed form or email the enclosed information to [mguerrero@wcpss.net](mailto:mguerrero@wcpss.net).***

Sincerely,  
Michael J. Guerrero, M.Ed., LAT, ATC



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**(Return this portion or email the information to Mr. Guerrero ([mguerrero@wcpss.net](mailto:mguerrero@wcpss.net)) by Friday, May 18, 2018 to ensure your reservation)**

Full Name:(Student Athlete) \_\_\_\_\_

Class of: (For 2018-2019 school year) \_\_\_\_\_

Home Phone number: \_\_\_\_\_

Address: \_\_\_\_\_