St. Michael Lutheran School
Athletic Participation Form: Grades 5 – 8

PLEASE RETURN FORM AND NON-REFUNDABLE SPORTS FEE TO THE OFFICE

- ☐ **$50.00 SPORTS FEE REQUIRED FOR EACH SPORT ALONG WITH CREDIT CARD AUTHORIZATION FORM**
- ☐ **All 5-8 GRADE ATHLETES WILL BE REQUIRED TO PURCHASE THE ATHLETIC GEAR PACKAGE. $100.00 {20/20/60}**
- ☐ **$50.00 ANNUAL ATHLETIC BOOSTER MEMBERSHIP HIGHLY RECOMMENDED.**
- ☐ **CURRENT MEDICAL RECORDS REQUIRED FOR GRADES 7 – 8.**

Please Print / Use Ink

Student's Name _____ ❑ Male ❑ Female
Last First Middle

Address _____ Telephone # _____

School attended last year: ❑ SMLS Other: _____

SPORT: _____ Grade: **_____ T-shirt Size: _____ Shorts: _____ Sweat Outfit: _____ Shoes: _____**

EMERGENCY INFORMATION

Name of Parent or Guardian
_____

Emergency Phone Number for
Father _____ Mother _____

Name of Physician to be called in an emergency: _____

Hospital preferred – if a choice: _____

Notes: _____

Other person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

*If you have any medical concerns about your child, please note them on the back of this form

PERMISSION TO PARTICIPATE/ Insurance/ Handbook

I want my son/daughter to have the privilege of participating in competitive school activities. The above named student, therefore, has my permission to compete in the athletic program at SMLS Lutheran School and go on any regularly scheduled trips. While I expect the school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment/uniforms owned and issued by the school and they are responsible to pay replacement costs for lost or damaged equipment/uniforms.

Please check and complete:

❑ My son or daughter is covered by insurance.

Name of company with which insured: _____ Policy # _____

I also confirm that the Athletic section of the SMLS Parent/Student handbook has been read by my son/daughter and me, that we understand and will abide by the rules and policies of the school. I am also aware of the inherent dangers of athletic participation and the possibility of injury. Uniforms are to be turned in at the end of the season or you will be charged on your credit card for the replacement cost.

Signature of Parent/ Guardian: _____ Date: _____

As an athlete I confirm that I have read the Athletic section of the SMLS Parent/Student Handbook, and will conform to the policies of the school. I am also aware of the inherent dangers of athletic participation, and the possibility of injury.

Signature of Athlete: _____ Date: _____

For Office Use Only-Must be completed before athlete may participate

- ❑ Participation Form signed by both parent and athlete.
- ❑ Medical Records on file for grade 7th & 8th athletes.
- ❑ $50.00 Non-Refundable Sports Fee / Athletic Gear $100 {20/20/60} and Athletic Boosters $50 paid. _____
- ☐ Credit Card Authorization form received.