



# St. Michael Lutheran School

## Athletic Participation Form:

### Grades 5-8



**Please return form and payment of non-refundable sports fee to the office**

- \$100.00 Sports fee is required for EACH sport (*\*Fee is reduced to \$75.00 per sport if you purchase the Annual Athletic Booster Membership ~ see below*)
  - Check attached, or
  - Charge credit card on file (Please complete a Credit Card Authorization Form)
- \$75.00 Annual Athletic Booster Membership (optional, but recommended)
- Current Medical Records Required for Grades 5-8
- Volunteer to work ticket gate and concessions for home games. Buy out option \$100.00

*Please print & use ink*  Male

**Student's FULL Name:** \_\_\_\_\_  Female

**SPORT:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of Parents/Guardians: \_\_\_\_\_

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

Emergency Phone # for Father: \_\_\_\_\_ For Mother: \_\_\_\_\_

If you have any medical concerns about your child, please note them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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/daughter is covered by insurance.

Name of insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

I also confirm that the Athletic section of the SMLS Parent/Student Handbook located on [www.smlcs.org](http://www.smlcs.org) 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 responsible for the replacement cost. Your credit card on file may be charged.

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: \_\_\_\_\_