

# St. Paul's First Lutheran



## Student-Athlete Form Packet

Parents, please fill out all forms and return to school office or teacher. Your child will be able to participate in sports when these forms are completed and returned.

**2018-2019 St. Paul's First Lutheran School**  
**STUDENT-ATHLETE PARTICIPATION WAIVER**

(To be filled out by parent or guardian)

Student-Athlete: \_\_\_\_\_

(Last Name)

(First Name)

(MI)

(Sex)

(Grade in 2017-2018)

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

(Include City and Zip Code)

Date of Birth: \_\_\_\_\_

(Month/Day/Year)

PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

I hereby give my permission for the above name student-athlete to practice and compete and represent St. Paul's First Lutheran School in interscholastic sports. I further grant permission for any medical records pertaining to the health of the above named student-athlete to be made available "as necessary" to the proper school personnel and appropriate health care providers, including emergency medical personnel.

FINANCIAL RESPONSIBILITY FOR ATHLETIC UNIFORM(S) and EQUIPMENT

As a parent (or legal guardian) of the above named student-athlete, I agree to be financially responsible for the prompt and proper return of all athletic equipment issued to him/her. I understand that my son/daughter/dependant is responsible for any uniform/equipment that is assigned to them and agree to pay the replacement value of the uniform/equipment in the event that it is lost stolen or damaged.

ASSUMPTION OF RISK

I realize that there are risks in participating in athletic activities provided by St. Paul's First Lutheran School and that my son/daughter/dependant may incur serious injury, even death, as a result of his/her participation in such athletic activities. I have weighed these considerations and approve of the participation of my son/daughter/dependant named on this page. Participants hold the responsibility to perform only approved safe techniques in practice and games.

ATHLETIC POLICY

I have read the **ST. PAUL'S FIRST LUTHERAN ATHLETIC HANDBOOK** and the **ST. PAUL'S FIRST LUTHERAN SCHOOL HANDBOOK** and have discussed the athletic policies with my son/daughter/dependant. We understand that he/she must comply with all facets of the **ATHLETIC POLICIES** twelve months of the year as a necessary condition of athletic eligibility in any sport sponsored by St. Paul's First Lutheran School. It is the student-athlete's responsibility to read and follow V.C.A.L. and St. Paul's First Lutheran School rules of eligibility.

SPORTS PHYSICALS POLICY

It is highly recommended that each child have a physical examination by the family doctor every two years prior to any practices or games (this is consistent with CIF High School requirements). Parents who elect not to have child examined by a doctor consent to this **SPORTS PHYSICAL WAIVER**: My son/daughter/dependant, to the best of my knowledge, is in good medical condition and should be able to practice and compete in the sporting events he/she has chosen to participate in without incident.

TRANSPORTATION POLICY

I have read and signed the TRANSPORTATION POLICY form found in the 2017-2018 STUDENT-ATHLETE form packet and agree to comply with it.

CONCUSSION POLICY

I have read the **Parent (and Athlete) Concussion and Head Injury Information** and understand what a concussion is and how it may be caused. I agree that my child/dependant must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child/dependant cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child/dependant returning to practice/play too soon.

*Having been cautioned and warned, I fully understand and agree to the participation of the above named student-athlete in athletic activities under the conditions described on this form. Furthermore, I release St. Paul's First Lutheran Church and School, members of the St. Paul's First Lutheran School Board, faculty, staff and employees and agents from any liability and claims for injury and illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. I further understand that the main responsibility for medical coverage for any injury or illness sustained as a result of participation in such athletic activities does not lie with St. Paul's First Lutheran Church and School. I understand that this release will apply to myself and personal representatives, heirs, and assigns will remain in effect for the 2018-2019 school year.*

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

(Month/Date/Year)

Date: \_\_\_\_\_ Signature of Student-Athlete: \_\_\_\_\_

(Month/Date/Year)

2018-2019 St. Paul's First Lutheran School

MEDICAL TREATMENT and STUDENT INSURANCE STATEMENT

(To be filled out by parent or guardian)

I hereby grant permission for student-athlete, \_\_\_\_\_ ("minor") to participate in the extra-curricular athletic programs sponsored by St. Paul's First Lutheran School.

**Permission for Emergency Treatment:** I hereby authorize the treatment of the above-named minor by a qualified and licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger the minor's life, cause physical impairment, or undue discomfort if delayed.

I hereby grant permission for the staff of St. Paul's First Lutheran School to take whatever steps may be necessary to obtain emergency care.

These steps may include, but are not limited to, the following:

- 1. Attempt to contact a parent or guardian
- 2. Attempt to contact the child's physician.

If St. Paul's First Lutheran staff are unable to contact the parent/guardian or the minor's physician, the following actions will take place:

- 1. Call another physician.
- 2. Call an ambulance.
- 3. Have the minor taken to the medical clinic or the hospital emergency room in the company of a St. Paul's First Lutheran staff member.

I have my own insurance which covers my child in any athletic event(s) in which he/she participates. I hereby waive my rights to hold St. Paul's First Lutheran Church or School, or its representatives, staff, and coaches for any liability connected with participation in any such events. **Initial Yes** \_\_\_\_\_ or **No** \_\_\_\_\_

If **no** is checked above, you will need to make arrangements to obtain medical insurance independently.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian) (Month/Date/Year)

Physician's name and clinic: _____ Phone: _____
Dentist's name: _____ Phone: _____

2018-2019 St. Paul's First Lutheran School  
STUDENT-ATHLETE/PARENT EXPECTATIONS

**Parents/Guardians:**

As parents, we will support the St. Paul's First Lutheran Athletic Program, the coaches, and the entire team. We know and understand that the athletic forms and this contract must be turned in before any participation can occur.

We will be willing to help with concessions, scorebook, scoreboard, and clean-up at home athletic contests, and we will also arrange transportation for our child to his/her practices and games.

Most of all, we will help, encourage, and set a Christ-centered example for our children. We have read the Athletic Handbook and have shared the information with our child. We also agree to abide by the guidelines set forth in the Athletic Handbook. We will respect and abide by the decisions made by the St. Paul's First Lutheran Athletic program and its coaches.

I ask the Lord's blessing and guidance in this commitment and my efforts in the upcoming season.

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Parent/Guardian Signature

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Date

**Athletes:**

I understand that being part of the St. Paul's First Lutheran Athletic Program is a privilege. I realize that in being an athlete, I represent my Savior, Self, and School. I will support my team and coaches at all times.

I will always give God the glory in all I do on and off the athletic field/court. I understand that my Christian attitude and academics come first, and if I fail to keep those standards as pointed out in the Athletic Handbook, I risk the chance of being excluded from participation.

As an athlete at St. Paul's First Lutheran School, I will attend all practices and games unless prevented by illness or other emergencies. I will speak to the coach if issues should arise.

I also know that my athletic forms and this contract must be turned in before I can participate on any team. I also agree to abide by the guidelines set forth in the Athletic Handbook. I will respect and abide by the decisions made by the St. Paul's First Lutheran Athletic Program and its coaches.

I ask the Lord's blessing and guidance in this commitment and my efforts in the upcoming season.

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Student-Athlete's Signature

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Date