

# Redeemer Lutheran School

## Athletic Participation Permit

### Grades 4 – 8

PLEASE RETURN FORM TO SCHOOL OFFICE  
SPORTS PHYSICAL REQUIRED FOR GRADES 4th- 8th

-----  
Please Print / Use Ink

Student's Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Last First Middle

**SPORT:** \_\_\_ Volleyball \_\_\_ Basketball \_\_\_ Cheerleading \_\_\_ Track \_\_\_ Golf (Check all that apply)

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

---

#### 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/Uniform

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 Redeemer 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 Handbook of Redeemer Lutheran School 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.

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

As an athlete I confirm that I have read the Athletic 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
- Physical on file (Grades 4<sup>th</sup>- 8th)