



## Athletic Participation Permission Certificate

**\*THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND TURNED IN TO THE SCHOOL OFFICE PRIOR TO ANY PRACTICE OR TRY-OUT FOR THE 2014-15 SEASON.**



### I. TO BE COMPLETED BY THE STUDENT/ATHLETE

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Grade Entering in the 2014-15 School Year \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

This application to represent Immanuel Lutheran School in interscholastic athletics is entirely voluntary on my part. It is made with the understanding that I have studied the academic and behavioral eligibility standards required to participate in sports as stated in the parent/student handbook. I understand that if I don't meet these standards or fail to represent our school in a God pleasing manner in all games and practices, it could result in me not being allowed to participate in the next contest, or suspension from the team either temporarily or permanently.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### II. TO BE COMPLETED BY THE PHYSICIAN

I certify that I have on this date examined the above student and from this limited examination, he/she is approved to participate in supervised athletics. (Physicians should sign only if approved.)

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### III. TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR PHYSICIAN

In the space below, describe any previous injuries or additional conditions that may affect this athlete's performance or treatment.

E-mail (s) (for athletic updates, schedule changes) \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

*I/we hereby give my/our consent for the student named above to represent Immanuel in interscholastic activities. I/we hereby agree to hold Immanuel Lutheran School/Church, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my/our child/ward in any activities related to the interscholastic program of his/her school. I/we understand the school's philosophy on sports and will do my/our best to support it.*

### SIGNATURES OF PARENTS OR GUARDIANS

1. Mother's printed name and signature \_\_\_\_\_ Date \_\_\_\_\_  
printed signature

2. Father's printed name and signature \_\_\_\_\_ Date \_\_\_\_\_  
printed signature

**THIS PERMISSION CERTIFICATE IS GOOD FOR ONE YEAR FROM THE DATE THE DOCTOR SIGNS IT.**