

**ST. JOHN LUTHERAN INTERSCHOLASTIC
PARENTAL PERMISSION FORM
SCHOOL YEAR 2017 – 2018**

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

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Last First Middle Initial

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Present Address _____ Phone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Numbers and Address _____

1. I hereby give my permission for the above named student to practice, compete, and represent St. John Lutheran School in approved sports.
2. I also attest to the fact that the above named student has had no injury or illness enough to warrant a medical evaluation prior to participating this school year.
3. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school personnel.

PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing this card.

Signature of Parent/Guardian Date

INSURANCE WAIVER FOR INTERSCHOLASTIC ATHLETICS

I hereby give my permission for the above named student to compete and represent his/her school in interscholastic sport competition. I further agree to be financially responsible for the safe return of all athletic equipment.

CHECK ONE:

_____ I also attest to the fact that the above named student has adequate health insurance coverage should medical attention become necessary during practice or competition. I further agree to be financially responsible for injuries which this student may receive during the course of athletic participation.

_____ I have no health insurance program for my family. I will assume financial responsibility for all injuries which this student may receive during athletic competition.

Signature of Parents or Guardian Date