

St. John's Athletic Opportunities 2017-2018 Academic Year

Name: _____ Grade: _____

To help with planning for the upcoming seasons, please mark the sports you will be committed to participating in during this school year:

<h2>GIRLS</h2> <p>_____ Volleyball (Fall)</p> <p>_____ Cross-Country (Fall)</p> <p>_____ Soccer (Fall)</p> <p>_____ Basketball (Winter)</p> <p>_____ Spirit Squad (Winter)</p> <p>_____ Softball (Spring)</p>

<h2>BOYS</h2> <p>_____ Cross-Country (Fall)</p> <p>_____ Soccer (Fall)</p> <p>_____ Basketball (Winter)</p> <p>_____ Spirit Squad (Winter)</p> <p>_____ Softball (Spring)</p>

CONSENT FOR ATHLETIC PARTICIPATION St. John's Lutheran School Athletics

Below is an acknowledgment that the students and parent(s)/guardian(s) have read and understand St. John's Athletic Handbook and are willing to abide by and support the aforementioned guidelines. Any situation that occurs during a season that is not covered in the handbook will be acted upon at the discretion of the coach, athletic director, and/or principal.

By signing below, you are stating that you:

1. Have read and understand the athletic guidelines and will support and abide them.
2. Understand that athletic programs are extracurricular activities and in order to participate, you (the student) or your child must be working up to his/her potential in the classroom and meet basic academic and behavioral requirements of his/her teachers.
3. Are aware that you (the student) or your child may be suspended from those activities until the requirements are met.
4. Agree to cooperate and support the coaches at St. John's Lutheran School.
5. Wish to participate (the student) or wish your child to participate in St. John's Interscholastic Athletics.

Student-Athlete Signature: _____ Date: _____

Father Signature: _____ Date: _____

Mother Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

INFORMED CONSENT
Awareness of Sports Injury Risk Warning & Agreement
2017-2018 Academic Year

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will eliminate all risk of injury. Just as driving an automobile involves choice of risk; participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated.

By granting permission for your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and the parent must understand that the dangers and risks of playing or practicing to play, which includes, but is not limited to – death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers in participating in sports, we (parent/guardian and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment, and other team rules, etc. in both competition and practice and agree to such instructions.

If any of the preceding is not completely understood and you have questions, please contact the school.

I have read and understand the information above and give my son/daughter permission to participate in St. John's Lutheran School Athletic Programs.

Athlete's Full Name (Please Print): _____ Grade: _____

Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

RELEASE AND AFFIRMATION

We hereby affirm that we are aware of the inherent risks and hazards of interscholastic athletics and by signing this release certify that we are cognizant of those risks. We understand and agree that neither St. John's Lutheran Church/School nor any of its employees and agents may be held liable in any way for any occurrence, including rescuer operations, in connections with athletics that may result in injury, death, or risks in connection with related activities related thereto for any harm, injury, or damage which may befall me and further to save and hold harmless the Church, School, and all persons associated therewith from any claims by us, or our families, estates, or heirs out of the enrollment and participation in athletics.

This is to be signed by the students and his/her legal parents/guardians with their consent. We understand that the terms herein are contractual and not mere recital, and that this has been signed freely and voluntarily. It is the intent of the signers hereto to exempt and release St. John's Lutheran Church/School and all of its agents and derivative damage caused by anyone's act, error, omission, or negligence.

We have fully informed ourselves of the contents of this Release and Affirmation by reading and understanding it before we signed it.

Mother (Please Print): _____ Signature: _____

Father (Please Print): _____ Signature: _____

Legal Guardian (Please Print): _____ Signature: _____

Student (Please Print): _____ Signature: _____

Date Signed: _____

MEDICAL TREATMENT AND STUDENT INSURANCE STATEMENT

Student (Please Print): _____ Birth Date: _____ Grade: _____

During school hours and all school events and activities, including all athletic events, first aid shall be administered to an injured student by a representative of the school unless a physician or emergency medical personnel are present; in the latter case, the physician or emergency medical personnel will render first aid. Coaches will have Student Information Sheets with them at all practices and games.

If any injury occurs to a student at school during school hours or any school sponsored event or activity, and the injury appears to be serious, the injured students will be transported to a doctor, hospital, or clinic for treatment (If possible, to the doctor or hospital preferred by the parent/guardian). If the injury occurs off school premises at a school event or activity, and the injury appears to be serious, medical treatment will be provided as is reasonably available. If the injury appears serious, the injured student will be transported to a doctor, hospital, or clinic for treatment (If possible, to the doctor or hospital preferred by the parent/guardian).

The coach(es), athletic director, or parents/guardians, if required, will determine transportation to a medical facility.

The parent of a student who incurs an injury which requires more than first aid will be notified as soon as possible after the injury occurs. In an emergency, this notification may not occur until after the student has been transported to the appropriate doctor, hospital, or clinic for treatment.

We understand that St. John's Lutheran Church/School does not carry any medical expenses insurance for the benefit of any students who may be injured at school or while participating in a school sponsored event or activity, including athletic events, and that St. John's nor its employees and coaches assume any responsibility for such expenses.

We have read and understand the procedure described above for the treatment of a student who may be injured at any school event or activity. We consent to having our son/daughter participate in all school activities and events, including athletic events, involving St. John's under these conditions and authorize medical treatment of injuries incurred by our child according to the procedure described above.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

EMERGENCY NOTIFICATION

Mother/Guardian

Home Phone

Work Phone

Cell Phone

Father/Guardian

Home Phone

Work Phone

Cell Phone

PREFERENCES FOR EMERGENCY PROCEDURES

We are providing this information with the understanding that our son/daughter may not necessarily be brought to these people and/or places.

Child's Physician: _____

Phone Number: _____

Clinic's Address (Please include street address and city):

Emergency Care Hospital: _____

Phone Number: _____

Hospital's Address (Please include street address and city):

ATHLETIC PERMIT
Academic Year: 2017-2018

Student Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Family Physician: _____ Phone Number: _____

Name of Private Insurance Carrier(s): _____

Policy Number(s): _____

I, as a parent (or legal guardian), of the above-named student, hereby give my permission for the above-named student to practice and compete and represent St. John's Lutheran School in interscholastic sports excepting those restricted on this sheet. I agree to be financially responsible for the safe return of all athletic equipment issued to him/her. I further grant permission for my son/daughter, named above, to be given immediate emergency care in case of injury as a result of athletic competition. I also grant permission for any medical records pertaining to the health of the above-named student to be made available as necessary to the proper school or medical personnel.

Signature

Date

St. John's Lutheran School Transportation Liability Waiver

St. John's Transportation Policy states "Transportation at St. John's is done primarily through parent driven cars. Student-athletes and their parent(s)/guardian(s) are responsible for finding their own ride to games and practices. The athletic director and coaches are not expected to make transportation arrangements. Drivers need to make sure they have adequate auto insurance and that each rider wears a seat belt. There is usually no problem in finding rides, as we encourage parents and families to come to the games to watch."

For parents/guardians who provide transportation to these events, they must be aware of the following:

- Where parents/guardians provide transportation to their son/daughter to or from an event, the parents/guardians shall assume all resulting liability, and the church/school shall assume no liability.
- Where parents/guardians transport students other than their own to or from an event, the parents/guardians shall assume all resulting liability, and the church/school shall assume no liability.

I have read the Athletic Transportation Policy and agree that I shall assume all liability for negligently caused injuries resulting from the following situations:

- Where I transport my son/daughter to or from an event
- Where I transport other students to or from an event

I also agree that St. John's shall assume no liability whatsoever for negligently caused injuries resulting from the above situations or any other situation where contracted transportation is not being used to transport athletes.

Signature

Date