

# **St. John's Athletic Opportunities**

## **2023-2024 Academic Year**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

### **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**  
**2023-2024 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 totally 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, include but are 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. both in 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, heirs, or assigns 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 conveyed 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 conveyed 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 practicable after the injury occurs. In an emergency situation, this notification may not occur until after the student has been conveyed 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: 2023-2024**

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