



2017-2018 St. Marcus Lutheran School STUDENT-ATHLETE PARTICIPATION WAIVER

(To be filled out by parent or guardian)

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (Grade in 2017-2018)

Home Address: _____
(include City and Zip Code)

Date of Birth: _____
(Month/Date/Year)

PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

I hereby give my permission for the above named student-athlete to practice and compete and represent St. Marcus Lutheran School in interscholastic sports. I further grant permission for any medical records pertaining to the health of the above named student-athlete to be made available "as necessary" to the proper school personnel and appropriate health care providers, including emergency medical personnel.

FINANCIAL RESPONSIBILITY FOR ATHLETIC UNIFORM(S) and EQUIPMENT

As parent (or legal guardian) of the above named student-athlete, I agree to be financially responsible for the prompt and proper return of all athletic equipment issued to him/her. I understand that my son/daughter/dependant is responsible for any uniform/equipment that is assigned to them and agree to pay the replacement value of the uniform/equipment in the event that it is lost, stolen or damaged.

ASSUMPTION OF RISK

I realize that there are risks in athletic activities provided by St. Marcus Lutheran School and that my son/daughter/dependant may incur serious injury, even death, as a result of his/her participation in such athletic activities. I have weighed these considerations and approve of the participation of my son/daughter/dependant named on this page. Participants hold the responsibility to perform only approved safe techniques in practice and games.

ATHLETICS POLICY

I have read the **ATHLETICS POLICY** found in the **2017-2018 Middle School Addendum to Student Parent Handbook** and have discussed that **ATHLETICS POLICY** with my son/daughter/dependant. We understand that he/she must completely comply with all facets of the **ATHLETICS POLICY** twelve months of the year as a necessary condition of athletic eligibility in any sport sponsored by St. Marcus Lutheran School. It is the student-athlete's responsibility to read and follow all LAA and St. Marcus Lutheran School rules of eligibility.

TRANSPORTATION POLICY

I have read the **TRANSPORTATION POLICY** found in the **2017-2018 Middle School Addendum to Student Parent Handbook** and agree to comply with it and support it at all times.

SPORTS PHYSICALS POLICY

It is highly recommended that each child have a physical examination by the family doctor every two years, before participating in any practices or games (consistent with WIAA requirements). The signed Athletic Permit Card must be filed with the St. Marcus School Nurse. Parents who elect not to have child examined by a doctor consent to this **SPORTS PHYSICAL WAIVER**:

My son/daughter will not be having a physical examination by a licensed physician in order to participate in any sporting events during the current school year. To the best of my knowledge, my son/daughter is in good medical condition and should be able to practice and compete in the sporting events he/she has chosen to participate in without incident.

CONCUSSION POLICY

I have read the **Parent (and Athlete) Concussion and Head Injury Information** and understand what a concussion is and how it may be caused. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Having been cautioned and warned, I fully understand and agree to the participation of the above named student-athlete in athletic activities under the conditions described on this form. Furthermore, I release St. Marcus Lutheran School, members of the St. Marcus Lutheran School Board of Directors, and their respective employees and agents from any liability and claims for injury and illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. I further understand that St. Marcus Lutheran School does not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation in such athletic activities does not lie with St. Marcus Lutheran School. I understand that this release will apply to myself and personal representatives, heirs, and assigns and will remain in effect for the 2017-2018 school year.

Date: _____ Signature of Parent/Guardian: _____
(Month/Date/Year)

Date: _____ Signature of Student-Athlete: _____
(Month/Date/Year)

Emergency Contact Information

2017-2018
St. Marcus Athletics Ministry

Child's Name:

Date of Birth:

Age:

Grade:

Medical Conditions:**Allergies:****Current Medications:****Hospital/Clinic Preference:****Family Doctor:****Doctor's Phone:****Insurance Company:****Policy #:****Phone:****Parent's/Guardian's Name:**

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

Alternate Contact's Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

Alternate Contact's Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

Notes:

**Emergency Contact Information must be submitted yearly (and updated earlier if information changes).*