



# CHRIST LUTHERAN SCHOOL SPORTS PERMISSION FORM



Dear Parent/Guardian:

The interschool athletic program offered by **CHRIST LUTHERAN SCHOOL** for grades 5-8, provides a worthwhile activity in which the student athletes have an opportunity to participate. Such participation is, however voluntary on the part of the boys and girls, and requires the consent of the parents. Before a student is permitted to take part in the any interschool athletic program he/she must provide the following records to the P.E. Departments of the school.

1. A physical examination
2. Parental consent to participate
3. Acceptable evidence of insurance coverage

Students are required to pay for their own physical examination. School forms are available and completed by the doctor conducting the examination.

Coaches and others responsible for the athletic program with the league exercise every precaution to protect athletes from injury while they are practicing for, traveling to or from, or participating in athletic events. In spite of these precautions, accidents sometimes occur which result in injury. Since neither, the school nor the student body has funds to cover expenses resulting from injuries, the responsibility for the payments of such expenses must be accepted by the parents or guardian. The school provides an insurance plan, which may be used as a supplement to the parent/guardian's insurance.

**I am aware that my student's participation in sports can be dangerous, involving the risk of injury.** Some injuries can be serious and because of these dangers, I recognize the importance of my student following instructions regarding techniques, training and other rules, as set forth by the School and the Athletic Department. Failure to obey these instructions and rules may result in my student being dismissed from the sport to prevent possible future injury.

In consideration of CHRIST LUTHERAN SCHOOL permitting my son/daughter to try out and participate in any of the athletic activities offered by CLS, and to engage in all activities related to the team including, but not limited to, trying out, practicing or playing/participating in that activity, and or travel to or from that activity, I hereby assume all the risks associated with participation and agree to hold CHRIST LUTHERAN SCHOOL, its employees, agents, representatives, coaches and volunteers harmless from all liability, actions, causes of action, debts claims or demands of any kind. The terms hereof shall serve as a release and assumption of risk for my heirs, executor, administrator, assignees and all my family members.

**Student's Name:** \_\_\_\_\_

**Grade** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**I have read the above warning and release and understand its terms. I further understand that I am responsible for obtaining a physical examination and acceptable insurance coverage for my student. I understand I am responsible for my child's transportation to and from all games and activities. If I choose to arrange transportation with another parent, I understand that such persons are not agents, servants or employees of Christ Lutheran School. I also understand that all parents drivers will be give my child's emergency information. This information is to be used only in case of emergency.**

Parent/Legal Guardian \_\_\_\_\_  
(Signature)

Parent/Legal Guardian \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

### Family E-mail Addresses:

Please list at least three e-mail addresses where information regarding athletic events can be sent to.

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# CHRIST LUTHERAN SCHOOL COMPETITIVE SPORTS PHYSICAL EXAMINATION



NOTE: Parents, please answer all questions to the double line.

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Check if your child has had any of the following:

- |  |                                 |   |                                    |                                      |   |
|--|---------------------------------|---|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> T.B.   | <input type="checkbox"/> Fractures        | <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hernia (rupture) | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Wears Contacts |

Other serious injuries or illness: \_\_\_\_\_

List any surgeries: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Tetanus Shot: Yes / No Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I grant my permission to authorize to obtain medical care from any licensed physician, hospital or medical clinic should the student become ill or injured while participating in practice, game or while traveling away from home or at other times when neither parent or guardian is available to grant authorization of emergency treatment.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## PHYSICAL EXAMINATION: (Must be filled out by physician)

EENT: \_\_\_\_\_ Teeth: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Hernia: \_\_\_\_\_ Back: \_\_\_\_\_ Extremities: \_\_\_\_\_

Reflexes: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

Physician: \_\_\_\_\_ Date of Physical: \_\_\_\_\_  
Signature

# LUTHERAN ATHLETIC LEAGUE

Sport/Season: ANY LAL SPORT

Coach: ANY CLS COACH School: CHRIST LUTHERAN SCHOOL

All participants in the Lutheran Athletic League (L.A.L.) sporting events should be an example of Christian sportsmanship. It is the desire of the L.A.L. that players, coaches, and parents be responsible for their actions and as such have outlined below a Responsibility Code that you should read and adhere to as a player, or parent of a player in the L.A.L.

## **Player/Parent Responsibility Code**

Christian players and their parents should show concern and respect for one another as a family in Christ. They should respect and accept the judgment of officials and coaches and obey the rules and regulations in each sport. The behavior of the player should at all times serve as a Christian example to one another and to those watching the event.

As parents the example that is set for children is paramount to whatever is said to them in word. With this in mind it is vital that parents of players in the L.A.L. conduct themselves in a positive Christian atmosphere at all times, but especially at all L.A.L. sponsored events. Parents provide a great source of support and encouragement for players. Parents are asked to always keep in mind that athletes, coaches and officials in the L.A.L. are not "professionals". Parents should keep this in mind as they are asked to provide supportive, factual and positive feedback to players, coaches and officials in the L.A.L.

It is the duty of all concerned with Christian athletics to emphasize the proper ideals of sportsmanship, ethical conduct, and fair play. To stress the values derived from playing the game fairly, to show cordial courtesy to visiting teams and officials. To respect the integrity and judgment of the sporting officials. To achieve a thorough understanding, and acceptance of the rules of the game and standards of eligibility. To encourage leadership, use of initiative, and good judgment by the players on the team. To recognize that the purpose of athletics is to promote the physical, mental, moral, social, and emotional well being of the individual players. To remember that an athletic contest is only a game, not a matter of life and death for players, coaches, schools, fans, communities, states, or nations.

I have read and agree with providing support for the above Player/Parent Responsibility Code.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# TEAM RULES & EXPECTATIONS

## PLAYER AND PARENT EXPECTATIONS

1. ALL ATHLETES UNDERSTAND THEY ARE STUDENTS FIRST ATHLETES SECOND.
2. ALL ATHLETES MUST PERFORM ACADEMICALLY YEAR ROUND, NOT JUST IN SEASON.
3. ALL ATHLETES ARE TO BE AT THEIR RESPECTIVE PRACTICES AND ON TIME.
4. ALL ATHLETES ARE TO DISPLAY SPORTSMANSHIP AT ALL TIMES.
5. ALL ATHLETES ARE TO SHOW RESPECT AND SUPPORT FOR THEIR FELLOW TEAMMATES
6. ALL ATHLETES AND PARENTS MUST SHOW RESPECT TO OPPOSING PLAYERS.
7. ALL ATHLETES AND PARENTS MUST SHOW RESPECT TO OFFICIALS, NO MATTER WHAT.
8. ALL ATHLETES AND PARENTS UNDERSTAND THAT PLAYING TIME IS NOT GUARANTEED AND WILL BE LEFT UP TO THE DISCRETION OF THE COACHES

## PARENT RESPONSIBILITIES

1. **TRANSPORTATION**- PARENTS ARE RESPONSIBLE FOR ARRANGING TRANSPORTATION TO AND FROM ALL SPORTING EVENTS.
2. **OFF CAMPUS GAMES**- PARENTS ARE TO REMAIN AT ALL OFF-CAMPUS GAMES AND ARE NOT ALLOWED TO DROP ATHLETES OFF. IN THE EVENT THAT A PARENT CANNOT ATTEND THEY WILL ARRANGE FOR ANOTHER ADULT TO TAKE RESPONSIBILITY FOR THEIR CHILD.
3. **OFF CAMPUS PRACTICES** – PARENTS DO NOT NEED TO STAY AT OFF CAMPUS PRACTICES BUT DO NEED TO BE IN THE GYM READY TO PICK UP THEIR CHILD PRIOR TO THE END OF PRACTICE.
4. **ON CAMPUS PRACTICES AND GAMES** - PARENTS UNDERSTAND THAT ATHLETES WILL BE SENT TO DAYCARE AT THE END OF ALL ON-CAMPUS EVENTS IF THEY ARE NOT PICKED UP ON TIME.
5. **ABSENCE FROM PRACTICE OR GAME**
  - a. FAILURE TO NOTIFY THE ATHLETIC DEPARTMENT OF AN ABSENCE WILL RESULT IN AN UNEXCUSED ABSENCE. IF YOU ARE CONTACTING THE MAIN OFFICE YOU MUST ALSO MAKE SURE THE ATHLETIC DIRECTOR IS NOTIFIED AT [COACHESTRADA@HOTMAIL.COM](mailto:COACHESTRADA@HOTMAIL.COM)
    - i. FIRST OFFENSE - ONE GAME SUSPENSION
    - ii. SECOND OFFENSE – ONE GAME SUSPENSION AND POSSIBLE REMOVAL FROM TEAM AT COACHES DISCRETION
    - iii. THIRD OFFENSE - REMOVAL FROM TEAM

## STUDENT RESPONSIBILITIES

1. **ACADEMIC RESPONSIBILITY**
  - a. MUST MAINTAIN A 2.0 G.P.A. WITHOUT AN “F” IN ANY SUBJECT
2. **SCHOOL BEHAVIOR**
  - a. STUDENTS WHO HAVE MORE THAN 3 BEHAVIOR RELATED DETENTIONS DURING THE SEASON WILL FACE GAME SUSPENSIONS AND POSSIBLE REMOVAL FROM TEAM AT COACHES/ATHLETIC DIRECTORS DISCRETION.
3. **TARDY TO PRACTICE**
  - a. COACHES DISCRETION
4. **DISRESPECTFUL CONDUCT TO TEAM MATE, COACH, OFFICIAL OR OPPONENT**
  - a. COACHES AND ATHLETIC DIRECTORS DISCRETION. PENALTIES MAY INCLUDE GAME SUSPENSIONS OR REMOVAL FROM THE TEAM.
5. **FAILURE TO DRESS OUT FOR P.E. OR FORGETTING UNIFORM ON GAME/PRACTICE DAY**
  - a. GAME SUSPENSION

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STUDENT SIGNATURE

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PARENT SIGNATURE

**SIGN AND RETURN TO ATHLETIC DEPARTMENT**