



ILS Athletic Participation Forms

Checklist for athletic participation:

1. Parent / Guardian Permission for participation.
2. Physical. A valid physical must be provided prior to participating in practice. A physical is valid for 1 year (12 months).
3. Student's Athletic Emergency information must be completed.
4. Any athletic fees must be paid prior to participation in practice.

Bring the completed forms and payment to the school office. Clearance for participation will be issued after ALL forms are received, completed, and signed as well as fees paid and physical on file.

These forms must be completed at the beginning of EACH sport your child will be participating in.

A physical is valid for 12 months and will be kept on file; only one needs to be submitted for the year.



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Please Print

Student Name: _____ Grade: _____

Sport: _____

Parent / Guardian Name(s): _____

Email: _____

Cell Phone: (_____) _____ - _____

CODE OF ETHICS FOR PLAYERS, PARENTS, AND COACHES

Christian love, sportsmanship, and forgiveness are the priorities for Immanuel's athletic programs.
We believe the following values to be important:

1. We encourage full participation by all students in practice and game situations.
2. We will treat all players, coaches, officials, parents, and administrators with respect and dignity.
3. We will do our best to learn the fundamental skills, rules, and strategies of the sport.
4. We will uphold the authority of the officials of the contests in which we participate.
5. We expect the athletes, coaches, and spectators to win graciously and with equal consideration for the losing team. If they lose, we want them to make the most of the opportunity to teach the qualities mentioned.
6. We remember that we can never achieve perfection, but we will strive to be forgiving and encouraging at all times.

VIOLATION OF THIS CODE MAY REQUIRE SOME FORM OF DISCIPLINE, SUCH AS VERBAL WARNING, REMOVAL FROM THE GAME, OR AN INDEFINITE SUSPENSION FROM ALL IMMANUEL ATHLETIC EVENTS.

My child has my permission to participate in _____. We agree to support the athletic program at Immanuel and accept the responsibilities as printed in the Immanuel Lutheran School Athletic Handbook. We have read the expectations of the athletes, parents, spectators, and coaches as outlined in the Handbook. Our signatures indicate our acknowledgement of those expectations and that we will uphold and follow these expectations. We also agree to abide by the expectations as printed above.

Student Signature

Date

Parent Signature

Date



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Please read and complete with parent/guardian.

Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which the student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY, WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY OR DEATH. Despite the rules and regulations geared toward safety and protecting athletes in all sports, the very nature and physicality of contact and non-contact sports can easily lead to injury and neither equipment nor training will eliminate the risk of injury. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT TO THEIR COACHES, AND INSPECT AND USE THEIR OWN EQUIPMENT DAILY.

Immanuel Lutheran School is unable to provide transportation in all circumstances and to all events or activities. When transportation is not available, it is the parent's or guardian's responsibility to provide or arrange for their student's transportation to and from the event.

By signing this permit for athletic participation, we acknowledge that we have read and understood this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO, (1) represent his/her school in approved athletic activities except those indicated on the physician's statement form; (2) accompany any school team of which he/she is a member on its local or out of town trips; (3) receive, through a medical doctor, emergency medical technician, coach or certified athletic trainer of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel. I understand that the cost of such medical care is my responsibility. I further agree not to hold the school, or anyone acting in its behalf, responsible for any injury occurring to the student in the proper course of such athletic activities or travel

Date _____ Parent/Guardian Signature _____

In compliance with school policy, every student participating in an organized athletic program must be covered by appropriate medical/accident insurance and a release of liability by the parent or guardian for any injury or accident which may occur while participating in such programs. I agree to keep such insurance in force and effect; and I hereby assume full and complete financial responsibility relative to any injury or accident that occurs while participating in the athletic program, or traveling to and from such a program. I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT HAS THE FOLLOWING INSURANCE COVERAGE:

Insurance _____ Policy / Group Number _____



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ATHLETIC INJURY EMERGENCY INFORMATION

Athlete _____ Birthdate _____ Age _____ Grade _____

Height _____ Weight _____ Home Schooled Yes ___ No ___ Sport _____

Parent/Guardian _____ Cell Phone _____

Address _____

City _____ Zip _____ Home Phone _____

Email Address _____

Other Emergency Contact _____

Cell Phone _____

Physician _____ Phone _____

Hospital Preference _____

Insurance Company _____

Policy/Group # _____

I hereby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician, EMT, certified athletic trainer or hospital emergency room in the event that I cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

Parent/Guardian: _____ Date: _____



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The following information may be needed to ensure proper responses in certain situations. Please complete accurately.

1. Known allergies and medications:

Allergy _____

Medications/Dosage Being Taken _____

2. Other Medications/Dosages Being Taken:

3. Known medical conditions (circle if applicable and add others):

Diabetes Seizure Disorder Asthma Other _____

4. History of significant old injury (what, where, when?)

5. Date of last tetanus: Month / Year _____