Trinity Lutheran School's
Athletic Participation Application for Grades 4 - 8

Please Print / Use Ink

Sport: _Volleyball_____

$150.00 Registration Fee
Non Refundable

Paid _____

School: _____

Current grade: _____ T-Shirt Size YM YL AS AM AL ❑ Male ❑ Female
(Please Circle Size)

Athlete's Name _____
Last First Middle

Address _____

Phone _____ e-mail_____

EMERGENCY INFORMATION

Name of Parents or Guardians & Emergency Phone Number(s) for...

Father _____ Phone _____

Mother _____ Phone _____

Preferred physician _____ Phone _____

Preferred hospital_____

❑ ***Check here if you have any medical concerns about your child, and note them on the back of this form.***

Person other than a parent or guardian who you want contacted in case of an emergency.

Name _____ Relationship _____

Address _____Phone _____

PERMISSION TO PARTICIPATE - Insurance information - Handbook agreement

I request that my son/daughter be granted the privilege of participating in competitive interscholastic activities at Trinity Lutheran School. The above named athlete, therefore, has my permission to join the school's athletic program and to go on any regularly scheduled trips.

I expect the school and its authorities to exercise reasonable judgment and take reasonable precautions to avoid injury, however I understand that neither the school nor its authorities assume any financial obligation for any injury that may occur. I understand that athletes are responsible for all equipment and uniforms owned and issued by the school and they will pay replacement costs for lost or damaged equipment and uniforms.

My daughter/son is covered by health insurance: ❑ Yes ❑ No

Name of insurance company _____

Policy # _____

We agree to abide by the expectations set forth by the school and coaches. I am aware of the inherent dangers of athletic participation and the possibility of injury.

Signature of Parent or Guardian _____ Date ___/___/___

Signature of Athlete _____ Date ___/___/___

Over →

Note the following medical concern(s) regarding

_____
Athlete's name

_____

_____

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Signature of Parent or Guardian _____ Date ____/____/____