

Physicals given after Apr 1 are good for 2 years

ST. MARTIN LUTHERAN SCHOOL
ATHLETIC PARTICIPATION FORM

___-20___ SCHOOL YEAR

Grade _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCOLASTIC ATHLETICS MUST HAVE THIS SHEET ON FILE AT THE SCHOOL OFFICE COMPLETELY FILLED OUT AND ATHLETIC PARTICIPATION FEE PAID BEFORE THEY WILL BE ABLE TO PRACTICE.

PHYSICAL CARD – must be filled out by a physician or physician assistant

LAST NAME FIRST NAME INITIAL D.O.B. AGE SEX

ADDRESS CITY PHONE NO.

___ Cleared without restrictions ___ Cleared, with recommendation ___ of further evaluation or treatment for:

Signature of licensed Physician/P.A.: _____ Phone _____

Address: _____ City, State, Zip _____ Date: _____

2. ALTERNATE YEAR ATHLETIC PERMIT CARD (USE AFTER PHYSICAL YEAR ONLY)

Student Name _____
Last name First Name Initial

D.O.B. Age Sex

I, hereby give my permission for the above named student to compete and represent the school in WIAA approved sports. I also attest to the fact that the above named student has no injury or illness serious enough to warrant a medical evaluation prior to participating this school year. I further grant permission for any medical records pertaining to the health of the above named student be made available if necessary to the proper school district personnel. "HIPPA" Parent: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing this sheet.

Signature of Parent/ or Legal Guardian

Date

3. PARENT/GUARDIAN INSURANCE INFORMATION (required)

Parents Name _____ Address & Phone Number _____

Parents Place of Employment _____

Name of Insurance Carrier _____

Address _____

Policy Number _____

Family Physician _____ Dentist _____

Name of Insurance Carrier _____ Policy Number _____

Address _____

I, hereby give my permission for the above named student to practice and compete and represent the school in interscholastic sport excepting those restricted on this card, as a parent/legal guardian, 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 Practice or competition.

My student and I have received and read the following information needed for the above named student to participate in athletic and extra curricular events at St. Martin Lutheran School. This information includes:

Please check:

_____ Athletic Booklet

_____ Sports Policy

Parent and Student Signature:

Office use only:

_____ Basketball (Boys)

_____ Softball

_____ Volleyball

_____ Basketball (Girls)

_____ Cheerleading

Middle School Offerings:

_____ Cross Country

_____ Track

_____ Football