



**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.

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

Please check:

\_\_\_\_\_ Athletic Booklet

\_\_\_\_\_ Sports Policy

Parent and Student Signature:

\_\_\_\_\_  
\_\_\_\_\_

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**Office use only:**

\_\_\_\_\_ Basketball (Boys)

\_\_\_\_\_ Softball

\_\_\_\_\_ Volleyball

\_\_\_\_\_ Basketball (Girls)

\_\_\_\_\_ Cheerleading

**Middle School Offerings:**

\_\_\_\_\_ Cross Country

\_\_\_\_\_ Track

\_\_\_\_\_ Football