2009-2010

Portland Lutheran School
Athletic Participation Permit
Grades 9 – 12

THIS FORM REQUIRED FOR ALL ATHLETES EACH SEASON **MEDICAL EXAMS REQUIRED FOR GRADES 9 & 11**

Please Print / Use Ink

Student's Name _____ ❑ Male ❑ Female
Last First Middle

School attended last year: ❑ PLS Other _____

Circle Grade level this year: 9 10 11 12

Check Sports students may participate in:

FALL	❑ Cross Country	❑ Football	❑ Volleyball
WINTER	❑ Basketball	❑ Dance Team	❑ Swimming
SPRING	❑ Golf	❑ Track & Field	

FEE SCHEDULE: $160 per Sports Season per Athlete / Participant

Payment must be attached to this completed form and received by the Athletic Director or Business Office ***prior*** to first practice session. Should athlete choose not to participate prior to first competition, payment will be refunded in full.

EMERGENCY INFORMATION

Name of Parent or Guardian: _____

Emergency Phone Number:
Father _____ Mother _____

Name of Physician: Hospital preferred if a choice:

Allergies/medical concerns:

Other person to contact in case of emergency:
Name: Relationship:

Address: Phone:

PERMISSION TO PARTICIPATE/ Insurance/ Handbook/ Warning

I want my son/daughter to have the privilege of participating in competitive school activities. The above named student, therefore, has my permission to compete in the athletic program at Portland Lutheran School and go on any regularly scheduled trips. While I expect the school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school and they are responsible to pay replacement costs for lost or damaged equipment.

Please complete:

Name of Medical Insurance: _____ Policy or Group # _____

We confirm that the Athletic section of the PLS Parent/Student handbook has been read by my son/daughter and me, that we understand and will abide by the rules and policies of the school. I am also aware of the inherent dangers of athletic participation and the possibility of injury, including paralysis or death.

Signature of Parent/ Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____

For Office Use Only – All boxes must be checked before the athlete is eligible to compete.

❑ OSAA minimum pass 5 subjects last semester (High School Only) ❑ Grades Check – PLS standards

❑ Physical on file ❑ Copy to coach for emergency file

❑ Sports Fee Paid ❑ If transfer student – Cleared/filed with OSAA Cleared by: _____ Date: _____