

## Portland Lutheran School Athletic Participation Form Grades 3 – 8

**THIS FORM REQUIRED FOR ALL ATHLETES EACH SEASON** ..... **MEDICAL EXAMS REQUIRED FOR GRADES 7th & 8th**

Please Print / Use Ink

Student's Name \_\_\_\_\_  Male  Female  
Last First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_

School attended last year:  PLS Other \_\_\_\_\_

Grade level this year: \_\_\_\_\_

**Check Sports students may participate in:**

**FALL**  Volleyball  Cross country **SPRING**

**WINTER**  Basketball  Dance Team  Track & Field

**FEE SCHEDULE: \$55 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.

\*Swim Team participants must also pay pool fees along with the sports fee prior to the first practice.

**EMERGENCY INFORMATION**

Name of Parent or Guardian \_\_\_\_\_ Emergency Phone Number for  
 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: \_\_\_\_\_

\*If you have any medical concerns about your child, please note them on the back of this form

**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.**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical on file (Grades 7 <sup>th</sup> & 8 <sup>th</sup> ) | <input type="checkbox"/> Copy to coach for emergency file |
| <input type="checkbox"/> Participation form signed by both parent and athlete         | <input type="checkbox"/> Grades Check – PLS standards     |
| <input type="checkbox"/> \$55 Sports Fee paid _____                                   |   |