

## Athletic Participation Requirements

ST. JOHN'S LUTHERAN SCHOOL WINSTON-SALEM, NC		PARENT PERMISSION ALL ATHLETICS EVENTS	
Name of Parent/Guardian:		Student-athlete:	
Street Address:		Grade:	
City:	State:	Zip Code:	Phone: Home - Work -
			Cell -
<b>Request for Permission:</b> We, the undersigned student and the student's parent/guardian, apply for permission to participate in athletics in the following sports:			
<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> _____	
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Softball		
<b>General Requirements-</b> We have read and discussed the general requirements for St. John's athletic eligibility. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director or principal.			
<b>Risk of Injury-</b> We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a St. John's Lutheran School athletic coach which may be an employee of St. John's, a parent, or volunteer. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor St. John's Lutheran School can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.			
<b>Release-</b> In consideration of St. John's Lutheran School allowing the student-athlete to participate in athletics, we agree to release and hold St. John's Lutheran School, its athletic coaches, parent and volunteer coaches, and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.			
<b>Insurance-</b> St. John's requires that all students who participate in athletics be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force and effect during the student-athlete's participation in athletics the following insurance policy:			
Name of Insurance Company:		Policy No:	
Street Address:		Group No:	
City:	State:	ZIP	Policy Term, From: To:
<b>CERTIFICATION AND MEDICAL AUTHORIZATION.</b> We certify that all of the information provided by us on this form is correct. We agree to abide by the rules of St. John's Lutheran School. We give our consent for the student to receive a medical screening examination prior to participation in athletics. If the student-athlete is injured while participating in athletics and St. John's Lutheran School is unable to contact the parent, we grant St. John's Lutheran School permission and the authority to obtain necessary medical care and/or treatment for the student's injury, including first aid, medical or surgical treatment recommended by a physician and we accept the financial responsibility for such medical care or treatment.			

# Athletic Participation Requirements

MEDICAL HISTORY		Family Physician:	
To be completed by parents and student together. A "YES" answer to any of the following questions <b>will not</b> automatically disqualify a student from participation in athletics.			Circle Answer
1. Has anyone in the athlete's family died suddenly before age 50? 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? 3. Has the athlete ever been told that he/she has a heart murmur, heart problem or high blood pressure? 4. Has the athlete experienced chest pains with exercise or felt any extra strong or irregular heart beats? 5. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? 6. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? 7. Does the athlete have a history of a concussion (getting knocked out)? 8. Has the athlete ever suffered a heat related illness (heat stroke)? 9. Does the athlete have a chronic medical problem or see a doctor regularly for a particular problem? 10. Does the athlete have only one of any paired organs (If yes, circle: eye, ear, kidney, testicle, ovary)? 11. Does the athlete wear eye glasses or contact lenses? 12. Is the athlete taking any medications? ( If yes, what: _____ ) 13. Is the athlete allergic to any medications or insects? (If yes, what: _____ ) 14. Has the athlete had any operations/surgery? (If yes, describe: _____ ) 15. Has the athlete had a tetanus booster in the last ten years?(Date: _____ ) 16. Does the athlete have anything he/she wants to talk to a doctor about?	1. YES NO 2. YES NO 3. YES NO 4. YES NO 5. YES NO 6. YES NO 7. YES NO 8. YES NO 9. YES NO 10. YES NO 11. YES NO 12. YES NO 13. YES NO 14. YES NO 15. YES NO 16. YES NO		
Please explain any "YES" answers:			
DOCTOR'S EXAMINATION			
Height:	Weight:	Blood Pressure: /	Pulse:
Vision Rt: 20/	Vision Lt 20/	Vision Both 20/	Optional - Body Fat (%)
ORGAN/SYSTEM	NORMAL	ABNORMAL (Explain)	
Eyes/Pupils			
ENT			
Heart			
Lungs			
Abdomen			
Genitalia (If indicated)			
Musculoskeletal			
Neurological			
Skin			
LABORATORY (If indicated):			
<b>DOCTOR'S CERTIFICATION:</b> I, the undersigned physician, certify that I have examined this student and find him/her medically: <input type="checkbox"/> qualified, <input type="checkbox"/> qualified with conditions, or <input type="checkbox"/> unqualified to participate in athletics. The conditions for qualification or the reason(s) for disqualification are stated below:			
Physician's Signature:		Street Address:	
Date:	Telephone:	City:	State: ZIP:
The following are considered disqualifying conditions until medical or parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.			

## Athletic Participation Requirements

**Code of Sportsmanship:** It is recognized that St. John's athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated.

**Protect Your Eligibility; Know the Rules: To represent St. John's Lutheran School in athletics, YOU:**

1. **Must** be a properly enrolled student at the time you participate and must be in regular attendance at school.
2. **Must** have received a medical examination by a licensed physician within the past 365 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release before practicing or playing.
3. **Must** become familiar with and abide by the school rules stated in the Parent Handbook including matters relating to student conduct.

**STUDENT ATHLETE PLEDGE**

As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play, good sportsmanship, and Christian witness recognized and accepted at St. John's. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

**PARENT PLEDGE**

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. Using inappropriate language and taunting are contrary to the spirit of fair play, good sportsmanship, and Christian witness recognized and accepted at St. John's. I accept my responsibility to model good sportsmanship and leadership that comes with being the parent of a student athlete.

I certify that all information contained in this form is accurate and current.

**SPORTSMANSHIP/EJECTION POLICY**

We acknowledge that we, both the student and parent whose names appear below, have read and understand the Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing or contacting an official. We also acknowledge that a coach, employee, or parent or volunteer coach representing St. John's has the power to remove a student or parent from an athletic event for behavior they deem unwarranted or not representing the standard and qualities of St. John's Lutheran School.

- 1st ejection: 4 games suspension in all sports
- 2nd ejection: Suspended for remainder of sport season
- 3rd ejection: Suspended from all athletic competition for the remainder of the school year

**I, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at St. John's Lutheran School.**

<b>Student:</b>	<b>Date:</b>
<b>Parent/Guardian</b>	<b>Date:</b>

**Additional Information:**