

Trinity Lutheran School
Springfield, Illinois
Sport Participation Permission Slip

Trinity Lutheran School may offer the following sports: Volleyball, Flag Football, Basketball, Cheerleading, Pom Poms, and Track

I hereby give permission for my child _____ in Grade _____ to participate in the Trinity sports program during the 2008-2009 school year.

Parental Support and Responsibilities:

All parents are expected to support their child's participation in any athletic program. This participation includes attendance at your child's sport event and added responsibility of volunteering your time to maintain the service and operation of our athletic program. You will be contacted for opportunities to serve in a variety of ways. Such service on your part is the only way Trinity School can afford to sponsor this program for your child. We trust in your cooperation with our staff.

Signature of Parent/Guardian _____ Date _____

Medical Treatment Permission: If you cannot be reached in an emergency, and if in the judgment of the teacher or coach in charge, immediate medical and/or hospital attention is indicated, do you authorize responsible authorities to take your son/daughter to an available hospital or physician? YES _____ NO _____

Signature of Parent or Guardian _____ **Date:** _____

Is your child under a doctor's care at this date? Yes ____ No ____

Comments:

Is your child taking any type of medication? Yes ____ No ____

Comments:

Date of last tetanus shot. _____

Home Phone # _____ Work Phone # _____
Emergency # _____ Emergency Name _____
Hospital Preference _____ 2nd Emergency # _____
Doctor's Name _____ Phone # _____
Insurance Company _____ Policy # _____

Student's Birth Date ____ - ____ - ____