

Cross Country

Girls Softball

## PERMISSION TO PARTICIPATE IN SCHOOL SPORTS

Saint Andrew, Immanuel Lutheran, and Trinity Christian School Co-Op School Year

**Boys Baseball** 

Girls Basketball

Boys Basketball

Girls Volleyball

## GIRLS AND BOYS ENTERING GRADES 5 – 8

Check each sport that your child may participate in.

Track

	STUDENT INFORMATIO	N	
Last Name	First Name	DOB	
Grade	School		
County of Birth	City of Birth	State of Birth	
	PARENT INFORMATION	V	
PARENT 1			
Last Name	First Name	Phone	
Address	City	State	Zip
Email Address			
PARENT 2			
Last Name	First Name	Phone	
Address	City	State	Zip
Email Address			
	EMERGENCY CONTACT		
If I cannot EMERGENCY CONTACT 1	ot be reached in case of an emergency, please i	notify the following party:	
	First Name	Phone	
Address	City	State	Zip
Email Address			
EMERGENCY CONTACT 2			
Last Name	First Name	Phone	
Address	City	State	Zip
Email Addross			



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## **HEALTH INFORMATION**

Doctor's Name	Doctor's Telephone
Hospital Preference	
	Subscriber Date of Birth
	Relationship to Subscriber
I give my permission for Saint Andrew School contacts provided cannot be reached.	ol coaches to seek medical attention for my child if I or the emergency
understand that Saint Andrew School and F	ate in the above marked Saint Andrew School Athletic Programs. I Parish is not responsible for any injury which may occur. I take full this program. I further understand that parents are responsible for
Parent Signature	
i alent signature	Date