



# St. John's Lutheran School Athletic Permission 2018-2019

Equipped · Engaged · Encouraged

St. John's Athletic Department would like to welcome you and your child to a new year of exciting seasons, and are glad that you have chosen to be a part of this program. Please be sure to turn in all necessary forms as soon as possible so you are able to participate.

Before your first practice, we must have the following on file:

1. A physical on file at school (**within the last year**)
2. Permission slip signed by a parent and the athlete (this form)
3. Be in **good academic standing**
4. Activity Fee: **Please circle the sports your child will be participating in**

Sport	Time of Season	Grades	Registration Fee	Late
Varsity Volleyball	August-October	7-8	\$50	\$60
Cross Country	August-September	5-8	\$40	\$50
JV Basketball	October-November	5-6	\$65	\$75
Varsity Basketball	December-February	7-8	\$100	\$110
Cheerleading	December-February	5-8	\$30	\$40
Intramurals	March	3-7	None	None
Track	April-May	5-8	\$30	\$40

Thank you in advance for your cooperation and support,

**Total:** \$ \_\_\_\_\_

Tom Wykert  
Athletic Director

---

### ATHLETIC PERMISSION SLIP/CONTRACT

My child \_\_\_\_\_ has permission to participate on the 2018-2019 Athletic Seasons. I recognize that as my child participates in these programs there are certain risks of physical injury (including death) and I agree to assume these risks. We realize that academics must come first and that actions and attitudes must fit that of acceptable Christian behavior. **I will be prompt in picking up my child after practices and games or my child will be sent to Extended Care at my expense.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Athlete's signature

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact Name and Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**Total:** \$ \_\_\_\_\_