



St. Paul's Lutheran School 23.24
PERMISSION TO PARTICIPATE & TRAVEL IN SAINTS ACTIVITIES
*For students participating in: School Sports (5th – 8th Grade);
Academic Team (6th – 8th Grade); Lutheran Junior Honor Association;
Intramural 3rd & 4th Grade Basketball; Cross Country (K– 8th Grade)*

Name of athlete/participant _____ (please circle) Male or Female
Address _____ City _____ State _____ Zip _____
Home Phone # _____ Age _____ Birthdate _____ Grade/Teacher _____

FAMILY CONTACT INFORMATION

Father's Name _____ Mother's Name _____
Father Work # _____ Mother Work # _____
Father Cell # _____ Mother Cell # _____

MEDICAL INFORMATION/ALLERGIES/LIMITATIONS (for the coach / teacher to know):

- I (We) hereby give our *consent for the above student to participate* and represent St. Paul's Lutheran School in extra-curricular activities such as (but not limited to) interscholastic sports.
- I (We) understand the school will rarely provide bus transportation to events and I (we) will *permit our child to be transported to events or contests by another school parent or staff member* (if driver information is provided to the school).
- I (We) also give our consent for him/her to accompany the team or group on trips and *will not hold the school responsible* for injury en route to another school, during practices, or interscholastic contests.
- I (We) understand *some activities have fees* associated with them and will pay those fees.
- I (We) understand our child will be *held to all St. Paul's standards* and conduct during such extra-curricular events.

Parent Signature _____ Date _____

I (we) also may be able and willing to drive our vehicle to/from various activities, practices, and/or competitions. Please note our travel information below.

According to St. Paul's Child Protection Policies, we must have the following information on record for a parent to transport students other than his/her own children to & from school activities.

Driver(s) Name (List all drivers in your family with permission to transport other students):

Name of your automobile insurance company:

Policy # _____

Exp. Date _____

Y or N (circle) I have been convicted of child sexual or physical abuse and am required to disclose this information.

Y or N (circle) I have been cited for past DUI or license suspensions.

Number of seatbelts in vehicle (excluding driver) _____