



ATHLETIC PARENT PERMISSION SLIP

As a parent with a son and/or daughter involved in the extracurricular athletic program of Trinity Lutheran School, I understand the need for and willingly accept the additional responsibilities of encouraging my child in studies and efforts to be part of the activities in which participation is desired. I also acknowledge that my willingness to volunteer for the athletic program may be needed throughout the year.

I WILL:

Provide my child with proper health insurance coverage in case of injury.

Monitor his/her academic work, maintaining a 2.5 GPA with no failing grades, and encourage him/her to "keep first things first".

Provide transportation for my child to and from all practices and games.

Have my child at practices on time and pick up my child promptly after the practice session.

Volunteer to help with concessions or other athletic activities.

Support the teams by actively participating as a spectator, especially when my child plays.

Set a Christian example in my attitudes and behavior.

Please return this bottom portion only to school to Mrs. Neville (School Office)

I hereby give my consent for my child _____ to participate in the athletic programs at Trinity Lutheran School.

SIGNED _____

DATE _____



EQUAL PLAY SPORTS POLICY Athletics at Trinity Lutheran School

Trinity Lutheran School approaches sports and athletics with an “Equal Play Policy”. What that means is that every student who practices according to the team standards will play equal amounts of time in competitive games, including tournaments. Under girding this policy are three core values, and one consequence:

3 CORE VALUES

- 1) We hold **Skill Development** as a core value
 - a) We want our students to learn and practice skills associated with the sport, and to understand the rules of the game. We will work with each student where they are at with their skills, understanding that some will be more proficient than others.
- 2) We hold **Christian Sportsmanship** as a core value
 - a) It is absolutely essential that we teach our students how to be Christian Athletes, and that attitude is summarized in the 4 Principles of Christian Sportsmanship:
 - 1) Christian Sportsmanship recognizes that God has created each person differently.
 - 2) Christian Sportsmanship means developing and using your own God-given skills to the best of your ability and to the Glory of God.
 - 3) Christian Sportsmanship is working together with all team members: supporting encouraging, and helping each other.
 - 4) Christian Sportsmanship is being a witness for Jesus to your team, your coaches, other teams, to the fans, and to the referees by how you play and what you say.
- 3) We hold **Competitive Game Experience** as a core value
 - a) Each student athlete needs to have the “thrill” of playing in a controlled, competitive game experience. This is the “reward” for practicing, and the test of their skills. The “better” athletes do not get favored status – all on the team are to play equal amounts.

1 CONSEQUENCE

- 1) As a result of our 3 Core Values, the resulting consequence is that “winning” is not everything to us. ***Winning is certainly a fun and exciting thing, but we will never sacrifice our “Equal Play Policy” nor our 3 Core Values in order to win.*** In other words, even though this may mean that we lose the game in some situations, this policy remains our priority.

I have read the “Equal Play Sports Policy”. I understand it and will support this policy.

Please Print Clearly – First & Last Name

Signature

Date

Student _____

Parent/Guardian _____



MEDICAL TREATMENT CONSENT FORM

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the persons listed below until such time as I may be contacted. My child's name is _____. This release is effective for the time during which my child is participating in the athletic program at Trinity Lutheran School, including traveling to and from competition. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian Signature _____

Home Address
Home Phone #
Cell #
Email

Insurance Information

Insurance Company Name	Policy Number
	ID Number
Family Physician	Physician Address
Physician Phone #	Child's known allergies

Signature of Parent/Guardian _____

In case I cannot be reached, any of the following people are designated to act in my stead:

Coach's Name _____ Sport _____

Assistant's Coach's Name _____

Coach's Name _____ Sport _____

Assistant's Coach's Name _____



Arizona Interscholastic Association, Inc.

7007 North 18th Street, Phoenix, Arizona 85020-5552

Phone: (602) 385-3810 Fax: (602) 385-3779

ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD/DO/NP/PA-C