

Salem Lutheran School

Athletic Participation Permission Form (Grades 1 – 8)

I give	e my permission for	
	(student's full nan	ne)
to abi	oide by the policies of Salem Lutheran School athle	y Salem Lutheran School. In giving this consent, I intend tic program. I release the school, school personnel and it or injury which my child should experience while
I unde	derstand that:	
1. throu	•	Either the school accident plan which is available stable. Print the name of your child' insurance carrier:
partic 3.	ent physical examination form must be on file in the icipate in practices and/or games.	ysically fit for athletic participation by a doctor. A e school office before they will be allowed to by the current policies, as stated in the Salem Athletic
Signa	ature of Parent/Guardian:	Date:
		MENT AGREEMENT
	, and, and	(Parent's Name)
Luthe	ereby commit ourselves to the following guideline	s for participation in the athletic program(s) of Salem neir ability to fullfill and parents will encourage the
1.	displaying good sportsmanship.	
2.	showing proper respect for teammates and opponents.	
3.	recognizing authority and cooperating with the coaching staff and officials.	
4.	making significant contributions to a team efffort.	
5.	accepting criticism responsibly.	
6.	acknowledging praise modestly.	
7.	providing a good example for future Christian athletes.	
8.	accepting responsibility readily.	
9.	displaying maturing judgement as a team member.	
10.	displaying conduct in a manner befitting a Christian athlete.	
11.	exhibiting pride in the fact that he/she is a Christian and that he/she is representative of Salem congreagation.	
Signature of Athlete		Signature of parent