

St. John's Lutheran School Inter-School Athletics

Player Contract

Student Name

Grade

School Year

It is my desire to be a participant of St. John's Lutheran School athletics. In doing so, I promise to:

1. Attend practices and games regularly, and will notify the coach, by note, phone, or email, if I am unable to be present.
2. Show team spirit and support for all players, coaches, and officials.
3. Show self-control and proper Christian conduct toward opponents and officials at athletic events and at all other school activities and functions.
4. Hand in all school work on time and do it to the best of my ability.
5. Return uniforms upon request of the coach, or be fined a replacement cost.

I have read the St. John's Lutheran School Student/Parent Handbook and promise to follow all of its policies in order to remain a member of the team.

I understand that failure to follow any of the above stated guidelines can lead to suspension of my eligibility to participate in athletic activity at the discretion of the Athletic Committee.

Student Signature

Date

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I give my permission for _____ to be a member of St. John's Lutheran School athletics. I also promise to support the athletic program in its policies as stated in the St. John's Lutheran School Student/Parent Handbook. I furthermore acknowledge that my child is in good health, has a current physical form on file in the school office, and has completed the team participation form.

Parent/Guardian Name

Home Phone

Cell Phone

Emergency Contact and Relation

Home Phone

Cell Phone

I give the representative of St. John's Lutheran School permission to take my child to the closest care center or hospital and give my consent for them to receive medical attention.

Parent Signature

Date