

# TRINITY LUTHERAN SCHOOL

## Athletic Participation Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In accordance with the Houston Lutheran Athletic League (HLAC) and Trinity, students are eligible to represent their school if they:

1. Are not 15 years of age before the first day of September of the current school year.
2. Have passed a physical examination given by a physician or medical screening and have written acknowledgement of their parent/guardian for athletic participation.
3. Are academically eligible, following current eligibility guidelines.
4. Follow training rules, which include not using any tobacco, drugs, or alcohol.

I hereby give my consent for the above student to compete in the HLAC and travel with the coach or other school representative on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither HLAC nor Trinity assumes any responsibility in the event an accident occurs.

The undersigned agrees to be responsible for the return of all athletic equipment issued by the school to the above named student. The parent/guardian will be responsible for any equipment lost or deemed by the Athletic Director to be abused and needing repair or replacement.

I have completed the information on this form to the best of my knowledge. I have read and understand the rules, and I agree to permit my child to participate under these conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the rules and agree to abide by them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY INFORMATION

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Father Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Mother Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Person to contact in case parents cannot be reached:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_ Routine Medications \_\_\_\_\_

Comments, special considerations \_\_\_\_\_

---

**I hereby authorize the TLS athletic staff to allow the following persons to transport my child(ren) to and from sporting events:**

\_\_\_\_\_  
\_\_\_\_\_

---

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any licensed physician, trainer, nurse, hospital, or school representative. I do, hereby, agree to indemnify and hold harmless the school and any school representative from any claim by any person as a result of such care and treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Athletic Tryout Permission Form**

The following statements must be acknowledged and agreed upon by the parents before any student athlete will be allowed to try out for a sport. The student and parent/guardian must sign this portion of the form.

- I understand that sports are not the most important part of our school experience. However, the opportunity to compete in the TLS sports program is a gift from God and participation is always to be to His glory. I understand that participation in the sports programs at Trinity is totally voluntary and open to all eligible students without discrimination on the basis of sex, race, religion, color, or national and ethnic origin.
- I understand that participation in tryouts may result in students not being selected for a team. I understand that such decisions are a usual and normal part of the tryout procedure. Being on a team in the previous year, does not guarantee selection the following year. We agree that the coach with approval from the Athletic Director will establish criteria for evaluations. We agree to support publicly the decisions made through the tryout process.
- I understand that students may feel great disappointment if they are not included on a team after tryouts. I agree as a parent and as a student to discuss the emotional risks in our family setting before students engage in tryouts. I agree that parents are ultimately responsible to prepare their children emotionally for the tryout process and to determine if it is in the student's best interest to tryout.
- I affirm that all students are precious gifts of God. Selection to a team must never become an excuse for arrogance or taunting of other students, nor should lack of selection to a team become an occasion for blaming and resentment of others. I agree that parents are ultimately responsible to love and guide their children through this experience of success or failure, and to model for them how to handle both accomplishments and disappointments with a Christian attitude and perspective.
- I understand that selection to a team does not guarantee a certain amount of playing time in game situations. We agree to support the decisions of the coaches in these matters. We agree that if situations arise during the year that need discussion, parents or the athlete are encouraged to schedule a meeting and meet with the coach.
- I have read and agree to support through my words and actions the athletic philosophy and policies that are stated in the TLS handbook.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## **Houston Lutheran Athletic Conference Ethics Policy**

The HLAC has adopted an Ethics policy for any coach, assistant coach, spectator or athlete who is ejected from a HLAC game by a game or school official. Any person ejected from a HLAC game for any reason shall be suspended for the next HLAC game. They will not be allowed to attend the next HLAC game. A second ejection will result in suspension for the season with the possibility of an appeal. An appeal will be held within one week. The league will hold discussions with coaches, officials and other responsible parties to confirm that the officials acted in an appropriate manner.

I have read and will abide by the Ethics Policy, as well as the rules, regulations and procedures of the HLAC. I have read and understand the HLAC Ethics Policy. I understand that any violation of the policy is subject to review and possible revocation of my coaching privileges with the HLAC.

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

## Student Athletic Contract

The athletic program at Trinity is an integral part of our school program, one that can provide invaluable experiences for all participants. We strive to put Christ first in all our endeavors. As a student athlete, I understand my responsibilities for participating in Trinity Lutheran School's athletic program. I also understand the consequences for violating any of the expectations outlined in this contract.

**As a student athlete, I, \_\_\_\_\_** pledge to:

- Develop the Christian characteristics of commitment, trust, encouragement, love, humility, and forgiveness in relation to participating in athletics at Trinity.
- Communicate my sports schedule well in advance to my parents and teachers.
- Schedule my personal life so that it does not conflict with team expectations.
- Attend all Trinity practices and games at the possible expense of other events.
- Give my coach notice well in advance of any commitments I have that conflict with the team schedule.
- Discuss issues of concern with my coach, team captains and parents before they become problems.
- Maintain academic eligibility.
- Make a commitment to my team mates and coaches to continually strive to contribute to the program and exercise responsible sportsmanship.

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

**As a parent/guardian, I, \_\_\_\_\_** pledge to:

- Grant permission for my daughter/son to participate in the program.
- Stay informed about my daughter/son's athletic schedule to minimize conflicts between our family schedule and the athletic schedule.
- Support my daughter/sons decision to commit to the team by attending as many team meetings, contests and special events as my schedule will permit.
- Work closely with all school personnel to assure an appropriate academic and athletic experience for my daughter/son throughout her/his school career.
- Discuss issues of concern with my daughter/son and the coach before they become problems.
- Assure that my daughter/son attends all practices, contests, special events and follows all training rules.
- Affirm that it is the responsibility of the coach to determine strategy, player selection, and playing time decisions.
- Work cooperatively with coaches, other parents, and school personnel to assure a wholesome and successful athletic program for the school.
- Be an active member of the Booster Club by supporting its activities and efforts.
- Encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other sports event.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## MEDICAL HISTORY AND PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Medical History** – to be completed by parent or guardian. Does student have a previous history of:

	YES	NO		YES	NO
1. Bleeding tendencies	___	___	15. Now under a physician's care?	___	___
2. Head injuries, seizures, unconsciousness, concussion	___	___	16. Has had tetanus? Date _____. Booster required every 10 years/	___	___
3. Asthma	___	___	17. Allergies	___	___
4. Hernia	___	___	18. Neck Injury	___	___
5. High blood pressure	___	___	19. Bone and/or joint injury or disease	___	___
6. Tuberculosis	___	___	20. Heart disease	___	___
7. Sickle Cell Anemia	___	___	21. Diabetes	___	___
8. Kidney disease and/or injury	___	___	22. Emotional or psychological problems?	___	___
9. Kidney, Lung, Testicle or Eye removed or non-functioning	___	___	23. Surgery?	___	___
10. Hepatitis	___	___	Explain any YES answers _____		
11. Rheumatic Fever	___	___	_____		
12. Skin disease	___	___	_____		
13. Contact lenses / glasses	___	___	_____		
14. Is student taking medication regularly? If YES, specify name of drug and illness requiring such drug. _____	___	___	_____		

**Physical Examination** – to be completed and signed by physician.

	Height _____ Weight _____		Blood Pressure _____	
	NORMAL	ABNORMAL	NORMAL	ABNORMAL
Skin	_____	_____	Abdomen	_____
Head, Neck	_____	_____	Spine	_____
EENT	_____	_____	Extremities	_____
Heart	_____	_____	Joint Function	_____
Lungs	_____	_____	Genitalia	_____

Dental: cavities, bridges, false teeth, other \_\_\_\_\_

Explain any abnormal findings \_\_\_\_\_

I certify that on this date, I have examined the above student as indicated by the items checked and recommend him/her as being physically able to participate in supervised athletic activities as checked below.

\_\_\_\_\_ All Sports      \_\_\_\_\_ Sports Other Than \_\_\_\_\_      \_\_\_\_\_ May Not Participate

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_