



VIKING ATHLETICS

Student's Name (Printed): _____

Date of Birth: _____ **Sport(s):** _____

This application to compete in Interscholastic Athletics for Trinity Lutheran is entirely voluntary on my part and is made with the understanding that I will not violate any of the eligibility requirements. I will use the talents that God has given me to glorify Him: by giving my best effort to Academics and Athletics; by encouraging good sportsmanship and fair play on and off the field; and by enjoying my God-given ability to play and have fun.

Student Signature: _____ **Date:** _____

PARENT OR GUARDIAN PERMISSION AND WAIVER OF LIABILITY

"I hereby give my consent for the above named student to represent Trinity in Interscholastic Athletic activities and accompany any school team of which he/she is a member on any of its local or out-of-town trips. By signing this Permission Slip, I acknowledge that my child is physically fit to participate in these sports. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I further agree not to hold Trinity Lutheran or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel."

Parent or Guardian Signature: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

LIST any facts concerning this student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

