

Interscholastic Athletic Competition Form
Immanuel Lutheran School
Bay City, Michigan

For many years, our students have participated in athletic competition. We feel that with proper direction, this aspect of the physical education program can play a valuable part . . .

- . . . in providing a wholesome outlet for recreation, fun, and enjoyment in a Christian setting under Christian leadership;
- . . . in promoting and developing sportsmanlike attitudes, conduct, and relationships;
- . . . in teaching children the importance of self-sacrifice, team spirit, and team play;
- . . . in teaching children to properly accept victory and defeat, success and failure;
- . . . in teaching students to approach the tasks and challenges of life with vigor and determination;
- . . . in offering sports skill training to children; and
- . . . in opening the door for children to wholesome associations with people outside of our school and congregation.

A. Athletic programs presently offered at Immanuel for league competition include seasons for boys' soccer, girls' and boys' basketball, girls' volleyball and girls' and boys' track. Also offered in a tournament format is girl's' soccer and boys' volleyball.

Your signature below indicates the granting of permission for your child to participate in the interscholastic athletic activities conducted by Immanuel Lutheran School during the present school year. Your signature further indicates that you are aware of the possibility that your child might incur injury while participating in athletic competition. Your signature verifies acceptance of your responsibility to have and maintain a policy of medical/hospital insurance on your child to cover his or her hospital/medical bills in the event that an injury does occur.

We hereby grant permission for _____ to participate in the interscholastic athletic program of Immanuel Lutheran School, with the following limitations:

Parent Signature: _____ Date: _____

B. We presently have medical/hospital insurance on _____ (child's name), through _____ (company name). The policy number for this is _____ (policy number). We understand that it is our responsibility to maintain hospital/medical insurance coverage on this child during his/her term of participation in school sports or cheerleading.

Parent Signature: _____ Date: _____