

## **Athletic Agreement**

I, \_\_\_\_\_, do agree that, as an athlete representing Pacific Lutheran High School, that I will uphold and obey the following rules:

No use of tobacco

No use of foul/profane language

No use of alcohol

No use of illegal drugs

Get adequate rest nightly

I understand that failure to follow these rules, or the committing of any offense that would cause dishonor to Jesus and my school, would result in immediate and serious consequences, possibly jeopardizing my status as a part of the team.

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Student Signature

Date

## **Parental Permission for Participation and Transportation**

My student, \_\_\_\_\_, has permission to participate in interscholastic sports for the 20\_\_\_\_ school year. Furthermore, I give my permission for my student to: (cross out the options that you do not wish to use)

1. Ride to and from practices and games in a vehicle driven by a PLHS coach.
2. Ride to and from practices and games in a vehicle driven by a student.
3. Drive a car to and from practices and games.
4. Drive a car to and from practices and games, carrying other students.

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Parent/Guardian Signature

Date

*(Please complete both sides)*

**Emergency Information**

Participant's Full Legal Name \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Mother's Info: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Father's Info: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Other contact in emergency (Name & Phone #) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Chronic ailments, allergies, or other pertinent information \_\_\_\_\_

**Consent**

In consideration of my student's opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, or other persons trained in the rendering of first aid, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Pacific Lutheran High School, any of its agents, volunteers, or employees, arising out of such medical treatment. I understand that my student can be hurt participating in athletics and the full extent of injury can range from a hangnail to the unlikely occurrence of a death.

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

**Special Notes**

Please include any additional information that the coach or athletic director should be aware of for your student.

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