

LUTHERAN SCHOOL ASSOCIATION PERMISSION & AGREEMENT

Having read the rules and regulations presented in the LSA handbook and athletic handbook, I give my son/daughter permission to participate in extra-curricular activities @ LSA during the **2015-2016** school year.

I also understand that there is a fee for participation in athletics of \$75.00 for K-12 for one sport or \$150.00 for two or more sports during the year, per which I agree to pay before my son/daughter will be permitted to participate.

I also understand that my son/daughter must have a physical on file for this year in order to be permitted to practice for athletics. **(Ninth grade physicals will be sufficient for all ninth graders.)**

Signed: _____ Date: _____
(Parent or Guardian)

I am willing to abide by the rules and regulations presented in the Athletic Handbook, and understand that if I violate any of the rules, consequences may apply; it is my desire to participate in extra-curricular activities at LSA for the **2015-2016** school year.

Signed: _____ Date: _____
(Student)

I.H.S.A. REQUIREMENTS (High School Athletes Only)

The following information will be provided during the individual sports meeting prior to the season, but may be accessed at: www.lsadecatur.net . Your review of this information is a required condition of the IHSA for your student to be eligible to compete for LSA. Please initial each listed item below:

_____ Read and understand the IHSA Steroid Testing Policy and Consent to Random Drug Testing

_____ Reviewed and understand the IHSA Concussion Information Sheet

I have reviewed/received each of the above items and acknowledge the information contained within. This form needs to be signed only once during each school year. A signature on this form indicates acceptance of all information listed above and included in this packet. This information applies to all extracurricular activities for during the **2015-2016** school year.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____