

**St. Mark's Ev. Lutheran School**

706 Jones Street  
Watertown, WI 53094

Telephone: (920)-262-8501

Fax: (920)-262-8517

**RE: ATHLETIC PARTICIPATION FOR STUDENTS IN GRADES 5 - 8**

To Parents of Students Entering Grades 5-8 in the Fall:

For students entering grades 5-8 in the fall, who want to participate in interscholastic sports representing St. Mark's Lutheran School, it is highly recommended that your child have a physical examination by your family doctor every two years (usually grades 5 & 7), before participating in any practices or games (same as WIAA requirements). For the in-between years, (usually grades 6 & 8), parents are required to sign a "WAIVER FORM."

However, if you feel your child is in good health and elect not to have your child examined by a doctor, you must sign a "WAIVER FORM" before your child can participate in any practices or games each school year. These forms are printed back-to-back this year. Please use the side that best pertains to your situation.

Completed forms are to be returned to the school office or the athletic director before practice begins for the particular sport your child plans to participate in. Make a copy of this form for yourself for other times you may need to present a physical or waiver form for activities outside of St. Mark's. If you have any questions, please contact me by calling the school office (920)-262-8501.

MR. MATTHEW NOTTLING



Athletic Director

School Phone: (920) 262-8501 ext. 329

Email: [matt.nottling@smlswatertown.com](mailto:matt.nottling@smlswatertown.com)

**St. Mark's Ev. Lutheran School**

706 Jones Street  
Watertown, WI 53094

Telephone: (920)-262-8501 Fax: (920)-262-8517

**ATHLETIC PARTICIPATION FORM**

\_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Last Name**                      **First**                      **Middle Initial**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**PART 1 - PHYSICAL EXAMINATION**

(To be completed by a licensed physician)

List sport(s) this student cannot participate in: \_\_\_\_\_

The above name student has been examined, and there are no apparent contraindications to participating in interscholastic athletics except as follows: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF EXAMINING PHYSICIAN:** \_\_\_\_\_

**Type or print name of Licensed Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

**PART 2 – PARENT/GUARDIAN PERMISSION**

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone (Mom)** \_\_\_\_\_ **(Dad)** \_\_\_\_\_

**Name of Insurance Carrier:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

*I hereby give permission for the above named student to practice and compete and represent St. Mark's Lutheran School in approved interscholastic sports, excepting those restricted on this card. Also, as parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to (him or her). I further grant permission for the student named above to be given immediate emergency medical care in case of injury as the result of athletic competition.*

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_