

**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. 327

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

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**WAIVER**  
**FOR PARTICIPATION IN INTERSCHOLASTIC SPORTS**

My son/daughter, \_\_\_\_\_, (*student's name*) will not be having a physical examination by a licensed physician in order to participate in any sporting events during the current school year. To the best of my knowledge, my son/daughter is in good medical condition and should be able to practice and compete in the sporting events he/she has chosen to participate in without incident.

School year: 20\_\_\_\_ -- 20\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Parents (or Legal Guardian): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ or \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

1. I hereby give my permission for the above named student to practice, compete, and represent St. Mark's Lutheran School in interscholastic sports, except in any restricted activities I have listed on this form.
2. I further grant permission for any medical records pertaining to the health of the above named student to be made available as necessary to the appropriate health care providers including emergency personnel.
3. I further grant permission for my son/daughter, named above, to be given immediate emergency care in case of injury as a result of practice or competition in interscholastic athletic events.

PLEASE SPECIFY ANY ACTIVITY RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_