

Sports Permission Slip

_____ (Sport) _____ (Year)

If you are interested in playing _____ (sport)

this year, please have this slip filled out and returned to the Athletic Director by the first day of practice.

_____ (sport) is for students in Grades 5

through 8. Thank you.

_____ (Child's name) has permission to

participate in _____ (sport) at Trinity

Lutheran School for the school year _____ (school year).

It is understood that a physical must be completed before he or she is able to participate.

_____ (Parent Signature)

_____ (Date)

_____ (Telephone Number)