

ST. PAUL LUTHERAN SCHOOL
EXTRA CURRICULAR ATHLETIC ELIGIBILITY RECORD

Players name: _____

Phone: _____

Address: _____

Age: _____ Weight _____ Sex _____ M _____ F

If parents wish to make any exceptions, please note: _____

A physical examination this date confirms the above named person to be physically sound for sports.

Physicians Signature _____ Date _____

Please Read: I understand that as a parent with a child in the sports program, I am required to drive to one away game per sport. If I find I cannot drive as scheduled, I will provide a substitute or, pay \$5.00 for a driver.

Parent Signature _____ Date: _____