

**ST. PAUL LUTHERAN SCHOOL  
ALTERNATE YEAR ATHLETIC CARD**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

1. I hereby give my permission for the above named student to compete and represent the school in approved sports.
2. I also attest to the fact that the above named student has not had a significant operation, serious illness, or injury requiring prolonged treatment since the last participation evaluation.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST  
HAVE THIS ALTERNATE YEAR CARD ON FILE AT ST. PAUL PRIOR TO  
PRACTICE OR PARTICIPATION.**

**ST. PAUL LUTHERAN SCHOOL  
ALTERNATE YEAR ATHLETIC CARD**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

1. I hereby give my permission for the above named student to compete and represent the school in approved sports.
2. I also attest to the fact that the above named student has not had a significant operation, serious illness, or injury requiring prolonged treatment since the last participation evaluation.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST  
HAVE THIS ALTERNATE YEAR CARD ON FILE AT ST. PAUL PRIOR TO  
PRACTICE OR PARTICIPATION.**