



St. Martin's Lutheran School
253 Liberty Street
Winona, MN 55987
452-6928

Dear Parents/Guardians and Student-Athlete,

November 2017

BASKETBALL season is just around the corner. Our theme this year is: **In Jesus the Victory is Won – It is Still All About Jesus!** It is from **1 Corinthians 15:57** which reads: " **But thanks be to God! He gives us the victory through our Lord Jesus Christ**". **To HIM be glory both now and forever**".

UNIFORMS are provided. The student athlete will need white socks, and athletic shoes with non-marking soles.

FEE. The fee to participate in basketball is **\$50** per athlete, **\$65** for two siblings, and **\$75** for three. These fees will cover referees, awards, uniforms and other expenses for athletics. Please see the athletic director if other arrangements need to be made. Thanks!

TRAVEL. **Parents/Guardians are responsible for travel to and from practice and games.** Families are responsible for picking up the student/athlete at St. Martin's School after practices. Please make arrangements ahead of time with teammates if you need a ride to away games. Please be prompt in picking up your child from practices and games.

PHYSICALS are required which can be used throughout the entire school year. Physicals are good for three years. You may get a form from the school office.

PICTURES will be taken Thursday, December 7th at 3:30 in the St. Martin's gymnasium before the basketball game vs. Plainview. Team and individual pictures will be taken. Order forms will be handed out the week of pictures. Order forms are also posted on Sycamore and the St. Martin's website.

SCHEDULE is attached for practices and games. Please keep this schedule for your records. The times may be updated.

PERMISSION SLIP agreement is attached. Please turn in one permission slip per family. Include all names of those participating. This needs to be signed by the Parent/Guardian and the student-athlete and returned with payment to the **SCHOOL OFFICE** by Monday November 20th.

COACHES: We are grateful that Mr. Chris Jacobson will be the head coach for both the girls and boys basketball teams again this year.

SUGGESTIONS, concerns, idea's, comments, and/or questions are all welcome. Please feel free to call our athletic director, Mr. Chris Jacobson, at St. Martin's. We look forward to a fantastic year! Thanks for your prayers in advance!

Training in Christ,
Mr. Chris Jacobson, Athletic Director
St. Martin's Athletics

Permission Slip

In order for your child to be a member of the basketball team and travel with the team, your signature is needed below.

I give my permission for (child's name) _____ to attend the basketball practices and games on the dates and at the approximate times listed on the attached sheet. I understand that all safety precautions will be taken for the protection of my child. He/she has assured me that his/her conduct will be a credit to him/her and the team. I will not hold the school, coaches, host or drivers liable in case of an accident, during transportation to practice or games. We will be traveling by walking/jogging, private vehicles, van and/or school bus. Individuals providing private transportation must carry adequate insurance and provide one seat belt for each person. If any changes are made in this schedule, you will be notified at least one day in advance of the coming change. PLEASE RETURN THIS FORM WITH PAYMENT IN ORDER FOR THE STUDENT-ATHLETE TO PARTICIPATE! THANKS!

Parent's/Guardian's signature

Date

STUDENT/ATHLETE COMMITMENT AGREEMENT

I understand that being a student/athlete of St. Martin's places upon me the following obligations:

1. I will complete all my academic assignments to the best of my ability.
2. I will do my very best to succeed according to the ability God has given me.
3. My personal conduct at school, in the community, and during the activity named above will reflect well upon St. Martin's Lutheran School.
4. I will speak well of the persons in charge of the activity named above, fellow students involved, and the school.
5. I commit myself 100% to the success of this team.

I understand that should I violate any of the above, I may be prohibited from participating.

Student/Athlete Signature

Date

Student/Athlete Signature

Date

Student/Athlete Signature

Date

Please complete & return with payment to the SCHOOL OFFICE by **Monday 11 – 20 – 2017.**