



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

Dear Parents/Guardians and Student-Athlete,

August 2017

COED VOLLEYBALL season is just around the corner. **Our theme this year is: In Jesus the Victory is Won. It is based on 1 Corinthians 15:57 which reads: "But thanks be to God! He gives the victory through our Lord Jesus Christ".**

UNIFORMS are provided. Athlete will need knee pads, white socks, and light-weight shoes with white soles.

FEE. The fee to participate in volleyball is **\$40** per athlete, **\$55** for two siblings, and **\$65** for three. These fees will cover referees, awards, transportation to away games 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 Tuesday, October 24th @ 3:30pm in the St. Martin's gymnasium before the volleyball game vs. Wykoff. Order forms will be handed out that week, or can be found in the documents section of Sycamore and on our website (www.stmartinswinona.org under the documents tab). Team and individual pictures will be taken.

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 Friday September 22nd**.

SUGGESTIONS, concerns, idea's, comments, and/or questions are all welcome. Please feel free to call athletics 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

“In Jesus the Victory is Won”

Permission Slip

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

I give my permission for (child's name) _____ to attend the volleyball 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 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 **Friday 9 – 22 - 2017.**