



**ST. MARTIN OF TOURS
ACADEMY**

Please return this form by
Thursday, November 15.
Fee of **\$40.00** must be included
with permission slip.
If room is available on the team, permission
slips **after Nov. 15** will be accepted with
\$45.00 fee

MISSION STATEMENT

St. Martin of Tours Academy is a Catholic parish elementary school whose purpose is to provide students with moral and spiritual formation and a solid academic foundation. Faith, culture and life are brought into harmony through a curriculum and system of education that equips students with skills for lifelong learning. Each student is challenged to internalize values and prepare for life as a committed Christian who contributes to the need for justice, love, and peace in the world.

**SPORTS TEAM MEMBERSHIP APPLICATION
AND PARENTAL PERMISSION**

I give my permission for my son/daughter _____

to join the St. Martin of Tours Academy _____ team. Grade _____

Please initial after each statement below (student and parent)

- > I understand that I have a responsibility to participate in a way that is respectful and responsible at all practices and games. If I choose to behave in a way that does not model this, I can expect consequences. If I can't make a practice or game, I will give the coach as much warning as possible. _____
- > I understand that I will be representing St. Martin of Tours Academy and that my conduct at practices and games must model cooperation and respect. _____
- > I understand that parental support is vital to the spirit of the team, and that as a parent I will not make negative comments about the game, coaches, referees or my child's teammates. _____
- > I understand that I will be financially responsible for any uniform or equipment issued. _____
- > I give my permission for my child to leave the school grounds with the coach and the parents who help transport the students. _____
- > **I have read and agree to follow the rules/guidelines listed in the SMA Sports Handbook.** _____

Signed: _____ Relationship _____

Telephone: _____
Evening _____ Daytime _____ Cell _____

EMAIL: _____ Date: _____

Sports Fee: \$40.00 must be included with permission slip