

**LA PIETRA SCHOOL – PHYSICAL EXAMINATION FOR ATHLETIC PARTICIPATION**

Valid for one calendar year from date of examination, subject to reexamination should there be evidence of physical deterioration or impairment during calendar year.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print) Last First Middle Initial

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Significant Past Illness, Injury or Allergy \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ Ears \_\_\_\_\_ Hearing \_\_\_\_\_

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Musculo-skeletal \_\_\_\_\_

Neurological \_\_\_\_\_

Laboratory Urinalysis \_\_\_\_\_ Genitalia \_\_\_\_\_

Completed Immunization: Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

**Physician:** I certify that I have on this date examined and found this student able to participate in athletic activity.

\_\_\_\_\_  
**Signature of Examining Physician** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date of Examination** \_\_\_\_\_

**The above named student is approved to play all sports unless specified below:**

\_\_\_\_\_  
**Physician Initial:** \_\_\_\_\_ **Parent Initial:** \_\_\_\_\_

**ATHLETIC PARTICIPATION LIST - The following sports are offered at La Pietra - Hawaii School for Girls:**

Air Riflery	Canoe Paddling	Golf	Sailing	Tennis	Wrestling
Basketball	Cheerleading	Gymnastics	Soccer	Track & Field	_____
Bowling	Cross Country	Judo	Softball	Volleyball	_____
	Diving	Kayaking	Swimming	Water Polo	_____

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	Diving	Kayaking	Swimming	Water Polo	_____

**EMERGENCY INFORMATION/PARTICIPATION CONSENT FORM**

STUDENT'S NAME (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle Zip Telephone

Father's Name \_\_\_\_\_  
Home Phone Work Phone Cellular/Pager

Mother's Name \_\_\_\_\_  
Home Phone Work Phone Cellular/Pager

**Emergency Contact** \_\_\_\_\_  
(Other than parent or guardian) Relationship Home Phone Other Phone

Name of Physician for referral \_\_\_\_\_ Office Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

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I hereby give my consent for the above student to engage in athletic activities as a representative of La Pietra – Hawaii School for Girls. A physician may treat the above named student when necessary until arrangements can be made, and the coach or athletic trainer may render first aid if he/she is qualified to do so. I fully understand that the student and the parent/guardian named on this form assume the risk for all injuries as a result of competition in interscholastic athletics and must provide his/her own medical insurance. I further agree to release and save harmless La Pietra–Hawaii School for Girls and its employees and agents, from and against expenses, claims, and demands arising out of or in connection with the student's participation in interscholastic athletics. I also agree to be fiscally responsible for any lost or negligently damaged athletic uniforms or equipment assigned to the student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

To participate in interscholastic athletics is entirely a voluntary action on my part. I fully understand that I must comply with the rules and regulations of La Pietra – Hawaii School for Girls, the Interscholastic League of Honolulu (ILH), and the Hawaii High School Athletic Association (HHSAA).

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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