

# La Pietra – Hawaii School for Girls Athletic Participation Form

Valid for one school year from the date of physical examination

## STUDENT APPLICATION AND PARENTAL PERMISSION

I hereby request permission to compete in interscholastic athletics for La Pietra School. I have read the Athletic and School handbook pertaining to Sports and will adhere to those rules. I understand that an infraction of school/athletic rules will result in disciplinary actions. I also understand that I must return all school issued uniforms and pay for any damages that I may have done to uniforms or equipment. I will conduct myself in an appropriate manner at all athletic events, abide by the ILH Student-Athlete Code of Conduct, and show my La Pietra School Pride at all times. I understand that if I quit or am dropped from a team because of disciplinary actions, grades, or absences, I'm ineligible to participate in any La Pietra Sports for one year to the date. I have not violated any eligibility rules and regulations of the Interscholastic League of Honolulu.

Signature of Student \_\_\_\_\_ Print Name of Student \_\_\_\_\_ Date \_\_\_\_\_

By checking this box, I agree that my electronic signature is the legal equivalent of my manual or handwritten signature on this Agreement. I also give the consent to the legally binding terms and conditions of this agreement.

Signature of Parent/ Guardian (Enter full name if signing electronically) \_\_\_\_\_ Date \_\_\_\_\_

By checking this box, I agree that my electronic signature is the legal equivalent of my manual or handwritten signature on this Agreement. I also give the consent to the legally binding terms and conditions of this agreement.

## EMERGENCY MEDICAL AUTHORIZATION / PERMISSION FORM

This form will be made available to the coach for all team practices and contests to insure proper medical treatment by physicians or hospital in the event of serious injury.

Parents/Guardians \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell. \_\_\_\_\_

Who to contact in Emergency (if parents/guardian cannot be immediately contacted)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please select the following:

1. Does your daughter have Asthma **Yes** **No** 4. Past injuries: \_\_\_\_\_

2. On medication **Yes** **No**

Specify reason: \_\_\_\_\_

3. Can your daughter be given Tylenol for injuries **Yes** **No**

I hereby give my consent for medical treatment deemed necessary by physicians designated by the coach(es) and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from her participation.

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

I understand this authorization will only be enforced when I cannot be contacted and immediate treatment is needed. .

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

By checking this box, I agree that my electronic signature is the legal equivalent of my manual or handwritten signature on this Agreement. I also give the consent to the legally binding terms and conditions of this agreement.