

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 | Cheerleading | Kayaking | Tennis | Wrestling |
| Archery | Cross Country | Soccer | Track & Field | |
| Basketball | Golf | Softball | Volleyball | |
| Canoe Paddling | Judo | Swimming & Diving | Water Polo | |

EMERGENCY INFORMATION/PARTICIPATION CONSENT FORM

STUDENT'S NAME (PRINT) _____ Grade _____

Address _____ Last First Middle Zip Telephone _____

Work _____

Father's Name _____ Home _____ Work _____ Cell. _____

Mother's Name _____ Home _____ Work _____ Cell. _____

Emergency Contact _____ Home _____ Work _____ Cell. _____

(Other than parent or guardian)

Name of Physician for referral _____ Office Ph. _____ Home Ph. _____

Hospital Preference _____

Medical Insurance _____ Policy No. _____

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 _____