La Pietra – Hawaii School for Girls

Athletic Participation Form (Summer 2019)

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 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.

____ ________________

(Please print name) (Signature of Student) (Date)

____ ________________

(Signature of Parent/ Guardian) (Date)

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' Name ________________________________ Email: ________________________________

Home Phone ___________________ Work Phone __________________ Cell. __________________

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

Name ________________________ Relationship ____________________

Home Phone __________________ Work Phone _________________ Other _________________

Insurance Company ____________________________ Policy Number _________________________

Please check 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 ________________