

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 (Print) Last First Middle Initial Date of Birth 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 Softball Archery Cheerleading Judo Swimming Volleyball Basketball Cross Country Kayaking Tennis Water Polo Diving Soccer Track & Field Wrestling

EMERGENCY INFORMATION/PARTICIPATION CONSENT FORM

STUDENT'S NAME (PRINT) Last First Middle Grade Address Zip Telephone Father's Name Home Phone Work Phone Cellular/ Pager Mother's Name Home Phone Work Phone Cellular/ Pager Emergency Contact Relationship Home Phone Other Phone 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