



SAINT ANTHONY  
JUNIOR SENIOR HIGH SCHOOL  
1618 LOWER MAIN STREET  
WAILUKU, MAUI, HAWAII 96793

Aloha,

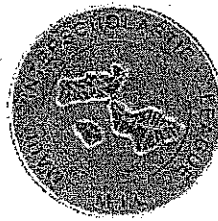
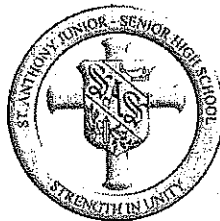
Mahalo for showing interest in the St. Anthony Jr. Sr. Athletic Department and its many programs offered for competition. We have included two very important documents needed in order to participate for the 2011-2012 Maui Interscholastic Season.

- Physical Examination / Pre-Participation Clearance Form (2-sided)
- Assumption of Risk / Emergency Information Card (2-sided)

Please be aware athletes **will not** be allowed to participate, try-outs included, without current physical examination clearance and completion of Assumption of Risk / Emergency Contact Information form. The Assumption of Risk video can be found on our website, [www.sasmaui.org](http://www.sasmaui.org), under the Athletics Tab and is listed as the Risk Management Video.

Mahalo again for your interest in athletics and **GO TROJANS!**

*Albert N. Paschoal*  
*Athletic Director*  
*St Anthony Jr/Sr High School*  
*1618 Lower Main Street*  
*Wailuku, HI 96793*  
*(808)244-4190 ext. 225*  
*[apaschoal@sasmaui.org](mailto:apaschoal@sasmaui.org)*



*"St. Anthony Junior-Senior High School is an 'ohana that provides quality Catholic education in the Marianist spirit to young men and women on Maui where leadership skills, social awareness, academic competence and commitment to faith-filled service are developed."*



***Saint Anthony Junior Senior High School***  
**Warning, Agreement to Obey Instructions, Release,  
 Assumption of Risk, and Agreement to Hold Harmless**

Please check box of all sports intending to participate in

Cross Country	Soccer	Golf
8-Man Football	Swimming	Tennis
Volleyball	Basketball	Track and Field
Cheerleading	Wrestling	Baseball
Riflery	Paddling	Softball
Bowling	Cheerleading	Judo

**Both the applicant student and a parent or guardian must read carefully and sign.**

I have successfully seen the "Risk Management" video provided by St. Anthony Jr. Sr. High School and am aware that playing or practicing to play/participate in any sport can be dangerous in nature involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sports, I recognize the importance of following coaches' instructions regarding playing technique, training and other team rules, etc., and to agree to obey such instructions.

In consideration of Saint Anthony Junior Senior High School permitting me to try out for the team listed and to engage in all activities related to the team, including, but not limited to trying out, practicing or playing/participating in that sport. I hereby assume all the risks associated with participation and agree to hold Saint Anthony Junior Senior High School, its employees, agents representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature related to the Saint Anthony Junior Senior High School Athletic Department and its officials. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Athlete (Print) \_\_\_\_\_ Date \_\_\_\_\_

Athlete (Sign) \_\_\_\_\_ Date \_\_\_\_\_

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

**UNIVERSITY OF HAWAII MAUI COLLEGE  
CAMPUS HEALTH CENTER**

310 Kaahumanu Avenue  
Kahului, HI 96732  
(808) 984-3493

**SPORTS PHYSICAL EXAMINATIONS**

The UHMC Campus Health Center will be  
open on select Saturdays from  
8:30 am - 12:00pm  
during the summer for sports physicals.

**COST: \$60.00**

Cash, Credit or Debit cards accepted

**SATURDAY APPOINTMENTS ONLY**

**CALL 984-3493**

Monday - Friday from 8:30 - 4:00  
to schedule your  
sports physical appointment

**Note to Parents:**

This is a sports physical and  
will include a hernia exam for boys

St. Anthony High School  
Athletic Emergency Card

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Last school/8<sup>th</sup> grade attended: \_\_\_\_\_

In case of emergency, contact

1) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

2) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Medical Conditions/Allergies/Recent injuries: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Permission to Treat

I, \_\_\_\_\_, the undersigned parent / guardian of \_\_\_\_\_, a minor, do hereby authorize the St. Anthony High School athletic trainer or school representative on my behalf to consent to any medical treatment deemed necessary by any certified athletic trainer/ licensed physician / surgeon in the event of illness or injury to the above named minor. This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

If, in the judgment of any representative of the school, the above named student needs immediate or long term care and treatment as a result of any injury or sickness sustained through athletics, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any athletic trainer, physician or nurse, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whatsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment.

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

Assumption of Risk

I give permission for \_\_\_\_\_ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

I do hereby release said COACHES, ATHLETIC TRAINER, ATHLETIC DIRECTOR, and PRINCIPAL, individually from any and all liability for such personal injuries that may result, directly or indirectly, from participation in any games/practice/transportation in said school.

I agree that above child must have a physical examination prior to participation in sport/activity. A designated physician will conduct physical examinations using the St. Anthony High School protocol.

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

Student Signature, Date \_\_\_\_\_

Transportation Release

I hereby give my child \_\_\_\_\_ permission to: (1) Use own personal vehicle as transportation to or from athletic practices, contests, or events (2) Ride in another vehicle as transportation to or from athletic practices, contests or events.

I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so. I understand that coaches reserve the right to refuse requests by players to leave their team if, in the coaches' opinion, it serves the best interest of the individual or the program.

Further, I agree to hold the coaches, other school officials and St. Anthony High School harmless against any and all liability, judgment and future costs and expense resulting from any and all claims, demands or causes of action of every nature and kind whatsoever, based upon, connected with, or arising out of parental authorization to use alternative means of transportation, or coaches or other school officials rights to refuse the use of such alternative transportation when it serves the best interest of the individual or program.

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

# Pre-Participation Physical Evaluation Form

## Medical History Data

Please explain "Yes" answers below:

- |  | Yes | No |
|--|-----|----|
| 1. Have you ever been hospitalized? .....  | /   |    |
| 2. Have you ever had surgery? .....  | /   |    |
| 3. Do you have any allergies (medicine, bees or other stinging insects)? .....   | /   |    |
| 4. Have you ever passed out during or after exercise? .....  | /   |    |
| Have you ever been dizzy during or after exercise? .....   | /   |    |
| Do you tire more quickly than your friends during exercise? .....  | /   |    |
| Have you ever had high blood pressure? .....   | /   |    |
| Have you ever been told you have a heart murmur? .....   | /   |    |
| Have you ever had racing of your heart or skipped heartbeats? .....  | /   |    |
| Has anyone in your family died of heart problems or a sudden death before age 50? .....  | /   |    |
| 5. Do you have any skin problems (itching, rashes, acne)? .....  | /   |    |
| 6. Have you ever had a head injury? .....  | /   |    |
| Have you ever been knocked out or unconscious? .....   | /   |    |
| Have you ever had a seizure? .....   | /   |    |
| Have you ever had a stinger, burn or pinched nerve? .....  | /   |    |
| 7. Have you ever had heat or muscle cramps? .....  | /   |    |
| Have you ever been dizzy or passed out in the heat? .....  | /   |    |
| 8. Do you have trouble breathing or do you cough during or after activity? .....   | /   |    |
| 9. Do you use any special equipment (pads, brace, neck rolls, mouth guard, eye guards, etc.)? .....  | /   |    |
| 10. Have you had any problems with your eyes or vision? .....  | /   |    |
| 11. Have you ever sprained/strained, dislocated, fractured, broke or had repeated swelling or other injuries of any bones or joints? ..... | /   |    |
| ___ Ankle ___ Chest ___ Foot ___ Hand ___ Hip ___ Neck ___ Shoulder ___ Wrist  |     |    |
| ___ Back ___ Elbow ___ Forearm ___ Head ___ Knee ___ Shin/Calf ___ Thigh   |     |    |
| 12. Have you had any other medical problems? .....   | /   |    |
| ___ Mononucleosis ___ Rheumatic Fever ___ Pertussis ___ Tuberculosis ___ Chicken Pox   |     |    |
| ___ Other (describe) _____   |     |    |
| 13. Have you had a medical problem or injury since your last evaluation? .....   | /   |    |
| 14. When was your last tetanus shot? _____   |     |    |
| 15. When was your last measles immunization? _____   |     |    |
| 16. When was your first menstrual period? _____  |     |    |
| 17. When was your last menstrual period? _____   |     |    |
| 18. When was your longest time between your periods last year? _____   |     |    |

Explanation of any "Yes" answers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby verify to the best of my knowledge that the answers which have been provided to the above questions are correct.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_