



Athletic Participation Form

To be completed by student athletes in Grades 6 – 12 yearly. Call 808-244-4190 if you have questions about this form.

1. STUDENT INFORMATION: PRINT CLEARLY

Last Name	First Name	Middle Initial	Date of Birth	Gender	Grade

2. ATHLETIC PARTICIPATION:

- ✓ **Choosing to participate** in athletics is an entirely voluntary action. To be allowed to engage in athletic activities as a representative of St. Anthony School, I fully understand the student named above and the parent/guardian assumes risk for all injuries as a result of participating in athletics. Completion of the **Student Physical Exam, sections E & F**, located on the back of this page, is **REQUIRED PRIOR TO** participation in any and all conditioning, workouts, practice, or competition (i.e. scrimmages). By signing this form, I also acknowledge I have received and understand the information presented to me concerning concussion awareness, education, and agree to follow the return to play protocol provided by St. Anthony. I understand, in spite of all precautions being taken to minimize risks to my son/daughter, it is possible he/she could be seriously injured or die as a result of participating in athletics.
- ✓ **Completion of the physical and concussion information sheet** are not a guarantee my child has earned a place on any St. Anthony athletic team. Team selection, starting positions, and playing time is of the Coaches' sole discretion. I fully understand I must comply with the rules and regulations of St. Anthony School, the Maui Interscholastic League (MIL), and the Hawaii High School Athletic Association (HHSAA).
- ✓ I grant St. Anthony School **permission to transport** my son/daughter to and from athletic activities. St. Anthony School will not be liable for damages incurred when a student athlete is transported to or from an athletic event in a non St. Anthony School Vehicle.
- ✓ St. Anthony has the **sole discretion to restrict/ban anyone** (i.e. parents, students) who demonstrates detrimental behavior/conduct from any school event.
- ✓ **I agree to release and save harmless** St. Anthony School, St. Anthony Parish and its employees and agents, from and against all expenses, claims, and demands arising out of, or in connection with the student athlete's participation in athletics.

3. CONSENT FOR TREATMENT:

- ✓ **Completing this form** gives authorization and consent to a school official, qualified coach/staff, or physician, as determined by the school, to provide any first aid and/or emergency care to the student athlete. Care may also include follow-up or medical treatments (including rest) that are necessary for the student athlete to recover from student athlete's injuries.
- ✓ **Consent and Authorization** are given to St. Anthony qualified staff to provide appropriate therapeutic treatment/modalities, in order to return the student athlete to competition. Under the direction of a physician, medical information may be released to St. Anthony to obtain information regarding medical history, records of injury or surgery, serious illness, and rehabilitation results of the student athlete. The purpose of the request for medical information is to assist St. Anthony in the management of rehabilitation or any injury, illness. This information is confidential and, except as provided in this release, will not be otherwise released by the parties in charge of the medical information.
- ✓ **In the event of an emergency (illness or injury)**, I understand St. Anthony School will make every effort to contact me. If contact is not possible, I grant permission to St. Anthony School and assigned personnel to accompany my child to the nearest medical facility for emergency care and allow the on-duty physician to administer due care and treatment. This release remains valid until revoked by the student or parent/guardian in writing.

4. AUTHORIZATION OF PARTICIPATION AND CONSENT: **Both signatures are REQUIRED**

➤ Student Signature	Date	
Print: Parent Guardian/ Name	➤ Parent/Guardian Signature	Date

A. STUDENT INFORMATION: Print Clearly												
Last:				First								
MI:												
Date of Birth ____/____/____								Gender:		Grade:		
B. PARENT/LEGAL GUARDIAN INFORMATION: Print Clearly												
1. P/LG Name:						2. P/LG Name:						
Relationship to Student:						Relationship to Student:						
Home #						Home #						
Cell #						Cell #						
Business #						Business #						
Email:						Email:						
C. ATHLETE'S MEDICAL INSURANCE & PHYSICIAN INFORMATION												
Subscriber Name												
Policy #						Company Name:						
Physician's Name:						Phone Number:						
Preferred Hospital:												
D: EMERGENCY CONTACTS: Print Clearly												
1. Name						2. Name						
Relationship to Student						Relationship to Student						
Home #						Home #						
Cell #						Cell #						
Business #						Business #						
Email:						Email:						
THIS SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER												
E. Medical Status: Please update if there is any change and write date												
YES				NO								
						Allergies: Please List:						
						Epi-pen: _____ yes _____ no						
						History of Anaphylaxis To:						
						Asthma: Medication: (please specify)						
						Diabetes _____ Type 1 _____ Type 2						
						Seizure Disorder						
						Other Please Specify						
F. CLEARANCE												
				Cleared for all sports								
				Cleared after completing evaluation/rehabilitation for:								
				NOT Cleared for ____ Collision ____ Contact					Due To:			
Signature of Physician						Physician Stamp						
Date of Exam:												