



## STUDENT PARTICIPATION AND PARENT/GUARDIAN APPROVAL FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(PRINT)                      LAST                      FIRST                      M I D D L E I N I T I A L                      (2018-2019)

### STUDENT APPLICATION

I hereby request permission to compete in interscholastic athletics for Assets School. To compete in interscholastic athletics activities is entirely a voluntary action on my part. I fully understand that I must comply with the rules and regulations of the Interscholastic League of Honolulu (ILH) and the Hawaii High School Athletic Association (HHSAA).

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

### ASSUMPTION OF RISK

I hereby give my consent for the above-named student to participate in interscholastic athletic activities as a participant in the Assets School athletic program provided that such sports activities are sanctioned by the Hawaii High School Athletic Association (HHSAA) and Interscholastic League of Honolulu (ILH).

I also give my consent for the student to accompany the team as a member of any of its local or out-of-state trips.

I agree not to hold the school authority or anyone acting in its behalf responsible for any injury incurred to the above named student in the course of such athletic event or travel.

I further authorize the school officials through a certified health care specialist, qualified coach/staff, or a physician of its own choosing, to provide any emergency and/or follow-up medical care that may become reasonably necessary for the student in the course of such athletic practice, competition or travel.

I certify that I know and understand the extent of the risks involved in the participation of interscholastic athletics activities. I am aware that participating in sports is a hazardous activity, and I am voluntarily allowing my child to participate in these activities with knowledge of the dangers involved and hereby agree to accept any and all risks of injury and death.

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

**Assets School  
EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(PRINT) LAST FIRST MIDDLE INITIAL Month Day Year

Address \_\_\_\_\_ Home Ph. \_\_\_\_\_  
STREET NO. CITY STATE ZIP CODE

Father's/ \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Work Ph. \_\_\_\_\_

Mother's/ \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Work Ph. \_\_\_\_\_

Student resides with \_\_\_\_\_

Health and/or Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Conditions (allergies, prescription medicine, etc.) the school should know about my child:

\_\_\_\_\_  
\_\_\_\_\_

When the listed student becomes ill or incurs injury during a school-sponsored activity and I am unable to be contacted, the school authorities have my permission to contact and release the student to the custody of any of the following persons:

Name	Relationship	Cell Ph.	Home Ph.	Work Ph.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family Physician \_\_\_\_\_ Ph. \_\_\_\_\_

Preferred hospital \_\_\_\_\_

**To ensure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER, ADDRESS OR CONTACT INFORMATION.**

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