

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to the release of medical information by physician to school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the aforementioned from his/her physician(s). We understand that the purpose of this request for medical information is to assist the aforementioned in management or rehabilitation of injury/illness. This information is normally confidential and except as provided in the release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the aforementioned in writing.

The student and parent/guardian expressly agree that this assumption of risk and release agreement is intended to be as broad and inclusive in favor of the State of Hawaii as permitted by the laws of the State of Hawaii and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The parties understand and agree that this agreement is made with full knowledge of the facts and legal implications of entering into such an agreement and further agree that this agreement contains the entire agreement between the parties, hereto, and that the terms of this agreement are contractual and not mere recitals.

The laws of the State of Hawaii shall control this agreement.

The parties also agree that throughout the students athletic career at Moanalua High School statistics and results may or may not be posted or reported and may or may not be accompanied by his/her name and /or photograph and hereby release the Department of Education from liability resulting from or connected with the publication of such information. The athlete may or may not be video taped and photographed for broadcasts in school, on community cable access stations, and website pages throughout his/her academic career at Moanalua High School.

IN WITNESS WHEREOF, the parties hereby execute this agreement, effective the date first indicated in this agreement.

Parent/Guardian

Student

Signature of Adult Student

ALL INFORMATION ON THIS CARD MUST BE COMPLETED FOR PARTICIPATION ELIGIBILITY

Please notify school athletic department of any changes in info (phone #, address, etc.) Use blue or black ink or type.

EMERGENCY INFORMATION: Male _____ Female _____ Grade _____ Birthday _____

Athlete's Name _____ Home Phone _____
Last First MI

Address: _____ City: _____ Zip: _____

Father's/Guardian's Name: _____ Bus Phone _____ Cell/pager: _____ Employer: _____

Mother's/Guardian's Name: _____ Bus Phone _____ Cell/pager: _____ Employer: _____

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

Student resides with: _____ Geographic Exception _____ Yes _____ No

School attended last year: _____ Year entered 9th grade: _____

Health and/or Insurance Carrier: _____ Policy #: _____

When the listed student becomes ill or incurs an 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 Home phone Business phone

Family Physician _____ Phone _____ Hospital _____

We have read the Moanalua High School Parent-Athlete Handbook and acknowledge that compliance of all rules, policies & procedures is necessary for participation in the Moanalua High School Athletic Program. Non-compliance may result in dismissal.

My son/daughter has permission to use the weight room under supervision of the coach or weight room supervisor _____ yes _____ no

Signature of parent/ Guardian: _____ Date _____

Signature of Athlete: _____ Date _____

paid fee
consent

FOR OFFICIAL USE ONLY: Physical Date: