



ST. ANDREW'S SCHOOLS
THE PRIORY • THE PREP • THE PRESCHOOL

ATHLETIC PERMISSION FORM

Student Name _____ **Grade** _____ **Date of Birth** _____

Home Phone _____ **School Attended Last Year** _____ **Date of Physical** _____

COVID-19 Vaccination Date _____ **Insurance Carrier** _____ **Policy Number** _____
(optional)

For Student: I hereby request permission to compete in interscholastic athletics for St. Andrew's Schools. I agree that participation is entirely voluntary on my part, and that I have not violated any of the eligibility rules and regulations of the Interscholastic League of Honolulu or HHSAA State Association.

Signature of Student _____ **Date** _____
(Type name to indicate signature)

To be read and initial by Parent/Guardian:

____ I/We hereby give my/our consent for the above student to engage in athletic activities as a representative of St. Andrew's Schools.

____ I/We understand that St. Andrew's Schools will determine, in its sole discretion, transportation to off-campus sports events by school bus or school owned vehicle(s), and that circumstances may require, from time to time transportation is in a non-school owned vehicle by St. Andrew's faculty and staff. I/We hereby consent to such primary and alternate transportation arrangements.

____ I/We also give my/our consent for the above student to accompany the team as a member on out of town trips.

____ I/We understand that there are inherent risks of personal injury, transmission of viruses, such as the coronavirus and/or property damage in the student's participation in such sports(s). With full knowledge of such risks, whether foreseen, on behalf of my/our heirs, my/our personal representatives, my/our assigns, the minor child, and myself/ourselves, I/we agree to allow participation in interscholastic sports.

____ I/We will allow a physician to treat my/our daughter whenever necessary until other arrangements can be made and the coach or trainer may render First Aid if needed.

____ I/We fully understand that the student and family named on this card assume the risk for all injuries as a result of competition in interscholastic athletics.

____ I/We further agree to release and save harmless St. Andrew's Schools and its employees and agents from and against all expenses, claims, and demands arising out of or in connection with the student's participation in interscholastic athletics.

____ I/We have read The Priory Athletics Rules and Regulations and understand that should my daughter quit or be suspended from a team that she may not participate in a Priory sport for one year to the date.

____ I/We understand that if our daughter is to receive P.E. credit, that all forms must be handed in on time to be considered for the credit. In addition, the athlete may not miss more than the 5 allotted excused absences (sickness, vacation, school projects/homework). Mandatory school functions will be a case by case exemption and must be brought forward prior to the absence.

____ I/We understand that we will keep our daughter at home should she exhibit any of the signs/symptoms of illness as listed in the Parent/Student Handbook and the Covid-19 return to Campus Plan, before, during or after school and notify the schools' Athletics Director immediately.

I/WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS STATEMENT; UNDERSTAND THE NATURE OF THIS AGREEMENT AS CONTRACTUAL, NOT A MERE RECITAL; CONFIRM THAT I/WE WAS/WERE GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS AGREEMENT AND RELEASE; AND THAT I/WE AM/ARE SIGNING THIS AGREEMENT AND RELEASE AS MY/OUR FREE ACT.

Parent/Guardian Printed Name

Parent/Guardian Signature *(Type name to indicate signature)*

Parent/Guardian contact number/email

Date