

Student (Last, First): _____

Last

First

**Le Jardin Academy**

917 Kalanianaʻole Highway, Kailua, Hawaii 96734 • t: 261-0707 • f: 261-3154 • www.lejardinacademy.org

Earl T. Kim, Headmaster

ILH Athletic Participation Form 2025-2026Athletic Department
Middle and High School (Grades 7-12)**STUDENT INFORMATION --- TO BE COMPLETED BY PARENT / GUARDIAN****(Complete PAGE 1 & 2)**

This form is valid for **twelve (12) months** from the date of examination. You will be subject to re-examination should the physical examination date expire during the calendar year. **The student will not be allowed to practice or compete in the approved sport(s) until this form has been completed & executed by the physician/provider, student and student's parent/guardian, and returned to LJA.**

***All students participating in sports must carry some form of medical coverage * (i.e. HMSA, Kaiser...)**

Student: (last, first)		DOB:	Grade:	Circle: Male / Female
Insurance Carrier:	Policy #			
Physician:	Address:		Phone #	
Dentist:	Address:		Phone #	

Emergency Contacts: Fill in each block

Name	Address	Home #	Cell #	Work #
1. Parent/Guardian	Address: Email:			
2. Parent/Guardian				
3. Alternate				
4. Alternate				

PHYSICAL EXAM - fill in each block**TO BE COMPLETED BY PHYSICIAN / PROVIDER**

Age:	Date of last Tetanus:	Abdomen:	Extremities (flatfeet):
Height:	Date & Result of last TB test:	Skin:	Mouth/Throat:
Weight:	Heart:	Ears/Hearing:	Neurological:
B/P:	Lungs:	Musculo-skeletal (scoliosis):	Genitalia/Hernia:

Medical diagnoses/conditions:☐ **Unlimited participation in all interscholastic sports OR**☐ **Limited participation in all interscholastic sports, explain:**☐ **No non-life threatening allergies OR** ☐ **Yes, non-life-threatening allergies, list:** _____☐ **No, life-threatening allergies OR** ☐ **Yes, life-threatening allergies****If Yes, list & explain reaction:** _____**List Emergency Medication(s):** _____**Daily Medications, list:**

I certify that I have examined this student on this date and found this student physically compete in all interscholastic sports unless otherwise indicated.

EXAMINING PROVIDER (Print or Stamp)_____
Provider Signature_____
Exam Date_____
Address of Provider_____
Telephone #

STUDENT APPLICATION AND CERTIFICATION

I hereby request permission to compete in interscholastic athletics for Le Jardin Academy (LJA). I represent 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.

sign→

Student Signature: _____ **Date:** _____

PERMISSION OF PARENT(S)

Athletic Participation Statement: A physician may treat my son/daughter whenever necessary until arrangements can be made and the coach or athletic trainer may render first aid if he/she is qualified to do so. I fully understand that the student and the parent/guardian named on this form assume the risk for all injuries as a result of competition in interscholastic athletics. I am aware of the risk, be it small, that an injury could be catastrophic resulting in paralysis, paraplegia, or even death. There is also a small risk that blood borne infectious diseases can be transmitted through athletic competition. I further agree to waive and release and claims against LJA and its trustees, employees, agents and representatives, both in their professional and personal capacities (collectively also LJA), for any injury and all injuries, losses or damages connected with or arising out of or in connection with the student's participation in interscholastic athletics. I Indemnify and hold LJA forever harmless from and against any and all claims which may arise out of such participation.

I also grant LJA permission to transport my son/daughter to and from athletic events. Students will travel by school bus and/or by alternate means (e.g. by coaches and other parents driving personal vehicles.) LJA will not be liable for damages incurred when a student is transported to an athletic event in a non-LJA vehicle. Parental consent must be turned in to a coach or athletic office prior to the athletic event if the student uses transportation other than that provided or arranged by LJA. I hereby give my consent for the above student to participate in all interscholastic sports as a representative of LJA unless otherwise noted on the front of this form.

Medical Disclosure Statement: LJA maintains health records for each student, including the health forms routinely submitted. In certain situations, it will be necessary to share the information contained in the health records with the faculty and/or staff of the School, when, in the School's judgment, such disclosure is required for the student's health or educational needs. In emergency situations involving the health or safety of the student, the School may disclose such information to other parties. Information pertaining to an individual child or parents/guardians of the child shall not be disclosed to persons other than the faculty/staff unless the parents or guardians of the child grant written permission for the disclosure or an emergency arises.

I understand that LJA has allowed the above student to participate in all interscholastic athletics, unless otherwise indicated on the front of the form, and hereby give my consent for the above student to participate in all interscholastic sports as a representative of LJA.

sign→

Parent/Guardian Signature: _____ **Date:** _____