# SACRED HEARTS ACADEMY
# ATHLETIC PARTICIPATION FORM

*Valid for one calendar year from date of examination; subject to re-examination should there be evidence of physical deterioration or impairment during the year.*

**To be completed by Parent/Guardian and Student-Athlete**

Athlete's Name _____ Date of Birth ___/___/_____ Age_____ Grade_____
(Print) Last, First (current/entering)

Address _____ Primary Phone _____ Resides with _____
Street City Zip Code

Parent/Guardian Name/Relationship _____ Primary Phone _____

Emergency Contact Name/Relationship _____ Primary Phone _____

Health/Accident Insurance Carrier _____ Policy Number _____

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**To be completed by Physician only**

Height _____ft. Weight _____lbs. Blood Pressure _____/_____ Pulse _____bpm

Vision: R ____/____ | L____/____ Corrected: Y/N Pupils: Equal/Unequal

Asthma: Y/N (Medications: _____) Diabetes: Y/N (Medications: _____) Allergies: Y/N (Medications: _____)

| | Normal | Comments |
|---|---|---|
| **General Medical** | | |
| Abdomen | | |
| Appearance | | |
| Eyes/ears/nose/throat | | |
| Genitalia | | |
| Hearing | | |
| Heart/Murmurs<br>EKG: Y/N | | |
| Lungs | | |
| Lymph nodes | | |
| Skin | | |
| **Musculoskeletal** | | |
| Back/Spine | | |
| Foot/Toes | | |
| Gastrocnemius/Ankle | | |
| Hip/Thigh | | |
| Knee | | |
| Neck | | |
| Shoulder/Arm/Elbow/Forearm | | |
| Wrist/Hand/Fingers | | |
| Other | | |

**Please check the box next to the following that apply to this student-athlete:**

- ☐ Previously restricted from participation in sports
- ☐ Previously diagnosed with a concussion
  Year(s): _____
- ☐ Previously diagnosed with a heat illness
  Year(s): _____
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Family history of migraines
- ☐ Family history of heart issues
- ☐ Previously diagnosed with any medical condition:
  _____
  _____

**Clearance: (Place a check in the appropriate box below)**

- ☐ Cleared for all sports
- ☐ Cleared after completing evaluation/rehabilitation for _____
- ☐ NOT cleared for:
  - ☐ Collision Sports (ex. Football/Rugby)
  - ☐ Contact Sports (Basketball, Cheerleading, Judo, Softball, Soccer, Volleyball, Water Polo, Wrestling)
  - ☐ Non-Contact Sports
- ☐ NOT cleared for ANY sports Reason_____

*I certify that I have, on the date indicated below, examined and found this student-athlete physically able to compete in the approved sports/activity and that the information above is correct to the best of my knowledge.*

Name of Examining Physician _____ Date of Exam_____

Signature of Examining Physician _____ Phone Number_____

Address of Physician's Office _____ Fax Number_____

Revised: 2/25/2025

# SACRED HEARTS ACADEMY
# CONSENT OF TREATMENT FORM

*Valid for one calendar year from date of signature; subject to re-sign if suspicion of forgery is present.*

**Student-Athlete Statement:** *I hereby request permission to compete in interscholastic athletics for Sacred Hearts Academy. I understand 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.*

**Parent/Guardian Statement:** *I hereby give my consent for the student-athlete indicated below to engage in athletic activities/sports as a representative of Sacred Hearts Academy, including accompanying the team on its out-of-town trips, in any sport sanctioned by Sacred Hearts Academy unless otherwise stated in writing. I understand that Sacred Hearts Academy will make all reasonable efforts to provide, whenever possible and as appropriate, transportation to and from off-campus athletic practices and contests by commercial or school-owned vehicle, and that circumstances may, from time-to-time, require transportation by alternate means (ex. by coaches, other students, and other parents driving personal vehicles); I hereby consent to such primary and alternate transportation arrangements.*

**Permission/Assumption of Risk:** *I, the student-athlete or parent/guardian, consent and authorize school officials through a certified athletic trainer (AT), qualified coach/staff, or physician as determined by Sacred Hearts Academy, to provide any first aid and/or emergency care as well as follow-up first aid or medical treatment that may be reasonably necessary for the student-athlete as determined by the school official in the course of athletic practice, competition, or travel. I further consent and authorize the school's AT to provide appropriate therapeutic modalities in order to return the student-athlete to athletic competition. The AT has consent to administer baseline and/or post-injury concussion management assessment in order to manage a concussion or suspected head trauma. I 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 student-athlete from her physician(s). We understand that the purpose of this request for medical information is to assist the school in the management or rehabilitation of an injury/illness. The information is confidential and except as provided in this release will not be otherwise released by parties in charge of the information. This release remains valid until revoked by the adult student or parent/guardian in writing.*

*I, the student-athlete or parent/guardian, understand that there are inherent risks of personal injury and/or property damage in the student-athlete's participation in such sports (ex. sudden cardiac death, exertional heat illness, musculoskeletal injury). As the Parent/Guardian, with full knowledge of such risks, whether foreseen or unforeseen, on behalf of myself, my heirs, my personal representatives, my assigns, and the minor child, I agree to: 1) assume any and all risks of injury, loss, or damage which may arise out of such participation, including but not limited to: a) the rendering of any medical treatment arising therefrom, and b) the primary or alternate transportation described above (collectively also, "participation"); 2) waive and release any and all claims against Sacred Hearts Academy and its trustees, employees, agents, and representatives, both in their professional and personal capacities, for any and all injuries, losses, or damages connected with, or arising out of such participation; and 3) indemnity and hold Sacred Hearts Academy forever harmless from and against any and all claims which may arise out of such participation.*

I REPRESENT THAT I HAVE READ AND UNDERSTAND THE CONTENT OF THE ABOVE STATEMENTS; I UNDERSTAND THE NATURE OF THE STATEMENT AS CONTRACTUAL AND NOT A MERE RECITAL; I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS STATEMENT; AND I HAVE EXECUTED THIS STATEMENT AS MY OWN FREE ACT. I UNDERSTAND THAT SACRED HEARTS ACADEMY MAY GIVE PERMISSION TO THE STUDENT INDICATED BELOW TO PARTICIPATE IN SACRED HEARTS SANCTIONED ACTIVITIES IN RELIANCE UPON MY REVIEW AND EXECUTION OF THIS STATEMENT.

Athlete Name _____ Signature of Athlete _____ Date _____

Parent/Guardian Name_____ Parent/Guardian Signature _____ Date _____

NOTE: This form shall be valid for one calendar year from the date of examination, subject to written modification or revocation by any party hereto should there exist evidence of physical deterioration or impairment during the year. The student-athlete will not be allowed to participate in any Sacred Hearts Academy sanctioned events (conditioning, practice, competition) until this form has been completed and executed by the student-athlete, parent/guardian of student-athlete, and returned to the Sacred Hearts Academy Athletic Department.