Sports Participation, Parent Consent
And Release of Risk Form 2019-2020

Student Name: _______________________________ Grade: _____________

_____ May participate in any/all sports

_____ May participate in all sports, except: ______________________________

_____ May NOT participate in any sports

_____ Allergies/asthma/or other necessary information coaches should be aware of:

________________________________________________________

Please Note: A written physician’s excuse must be on file for any student
NOT participating in Parker School’s PE program or Interscholastic Athletic Program.

Please Note: Students will NOT be allowed to participate in any school activities or interscholastic sports
until the “Physical Examination & Sports Participation Clearance” form is submitted to the school.
Please check with the Registrar when you need your physical form in by to be current.

I hereby give my consent for the above student to participate in interscholastic athletic activities as a participant of
Parker School, provided that such athletic activities are sanctioned by the Hawaii High School Athletic
Association (HHSAA) and League. I also give my consent for the student to accompany the team on any of its
local or out-of-state trips. I further authorize the school officials, through a certified health care specialist,
qualified coach/staff, or a physician of its own choice, 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 agree not to hold the school authority or anyone acting on its behalf responsible for any injury incurred to the
above named student in the course of such athletic event or travel. Furthermore, I certify that I know and
understand the extent of the risks involved in the participation of interscholastic athletic activities.

Parent/Guardian Signature: __________________________________________ Date: _______________

To compete in interscholastic athletic activities is entirely a voluntary action on my part. I fully understand that I
must comply with the rules and regulations of the Department, League and the Hawaii High School Athletic
Association (HHSAA).

Signature of Student: ___________________________________________ Date: ______________

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