

# St. Anthony School Athletic Waiver Form

for participation in the Catholic Schools League and Christian Schools Athletic League

**Name of Student Participant:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I/ We hereby give my/ our consent for the student named above to engage in Christian School Athletic League (CSAL) and/or Catholic School League (CSL) athletic activities, including traveling with the team on its off- campus sports events.

I/ We and the above named student participant do hereby release St. Anthony School Kailua, the Catholic School Department, the Catholic School League, the Christian School Athletic League and it's Board of Directors, members, sponsors and their personnel of any and all liability of every nature, kind and description or other expenses, claims or demands as a result of injuries, hurt or damage sustained by the student arising out of or in connection with the student's participation.

It is our (my) understanding that the Catholic School league and Christian School Athletic League is directly responsible for the administration of this league, therefore, all inquiries should be made directly to the Catholic School League or Christian School Athletic League and/or the principal of St. Anthony School Kailua.

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

I/ We understand that there are inherent risks of personal injury and/ or property damage in the student's participation in such sports. With full knowledge of such risks, whether foreseen, on behalf of myself, my heirs, my personal representatives, my assigns, and the minor child I/We 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, or providing appropriate therapeutic modalities in order to return student to athletic competition; and
  - b. The primary or alternate transportation described above (collectively) also, "participation";
2. Waive and release any and all claims against our school and all CSL / CSAL participating schools, for any and all injuries, losses or damages connected with or arising out of such participation;
3. Indemnify and hold our school and all CSL and/ or CSAL participating schools forever harmless from and against any and all claims which may arise out of such participation; and
4. Waive and release the State of Hawai'i, the Hawai'i Association of Independent Schools (HAIS), CSL / CSAL and all participating schools arising from any injury or loss associated with the alternate transportation arrangements as described above.

\_\_\_\_\_  
Signature of Father/ Legal Guardian

\_\_\_\_\_  
Signature of Mother/ Legal Guardian

\_\_\_\_\_  
Date

----- **Tentative Start Dates** -----

Dates	Grade Level Participants	Sports
AUGUST – OCTOBER	4th , 5th , and 6th Grade	BOYS BASKETBALL
AUGUST – OCTOBER	5th , 6th , 7th , and 8th Grade	BOYS & GIRLS VOLLEYBALL
AUGUST – NOVEMBER	6th , 7th , and 8th Grade	BOYS & GIRLS CROSS COUNTRY
OCTOBER – DECEMBER	4th , 5th , and 6th Grade	GIRLS VOLLEYBALL
OCTOBER – JANUARY	4th , 5th , and 6th Grade	BOYS & GIRLS DII BASKETBALL
JANUARY – FEBRUARY	4th , 5th , and 6th Grade	BOYS VOLLEYBALL
JANUARY – FEBRUARY	5th , 6th , 7th , and 8th Grade	BOYS & GIRLS TRACK (1 meet)
FEBRUARY – APRIL	5th , 6th , 7th , and 8th Grade	BOYS & GIRLS DI BASKETBALL
FEBRUARY – MAY	4th , 5th , and 6th Grade	GIRLS BASKETBALL

PLEASE INDICATE APPROVAL OF YOUR CHILD'S PARTICIPATION IN THE FOLLOWING:

Boys Volleyball: \_\_\_\_\_  
Boys Basketball: \_\_\_\_\_

Girls Volleyball: \_\_\_\_\_  
Girls Basketball: \_\_\_\_\_

Track & Field: \_\_\_\_\_  
Cross Country: \_\_\_\_\_

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Complete this section if your child does not have a physical on file in the school office.

THIS CHILD IS CLEARED TO PARTICIPATE IN THE ABOVE INDICATED SPORTS PROGRAMS:

\_\_\_\_\_  
REQUIRED Physician's Signature and Stamp

\_\_\_\_\_  
Date

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**EMERGENCY INFORMATION**

Father or Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Home: \_\_\_\_\_

Health Insurance Provider (e.g. HMSA): \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Preferred Hospital or Clinic: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication Taken: \_\_\_\_\_

Other known medical issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Payment Receipt**

Payment Date: \_\_\_\_\_

Will Attend Banquet: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Received by: \_\_\_\_\_

Short Size: \_\_\_\_\_

