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 Play Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Grade Level Participants</th>
<th>Sports</th>
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<tbody>
<tr>
<td>AUGUST – OCTOBER</td>
<td>4th, 5th, and 6th Grade</td>
<td>BOYS BASKETBALL</td>
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<tr>
<td>AUGUST – OCTOBER</td>
<td>5th, 6th, 7th, and 8th Grade</td>
<td>BOYS &amp; GIRLS VOLLEYBALL</td>
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<td>AUGUST – NOVEMBER</td>
<td>6th, 7th, and 8th Grade</td>
<td>BOYS &amp; GIRLS CROSS COUNTRY</td>
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<td>OCTOBER – DECEMBER</td>
<td>4th, 5th, and 6th Grade</td>
<td>GIRLS VOLLEYBALL</td>
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<td>OCTOBER – JANUARY</td>
<td>4th, 5th, and 6th Grade</td>
<td>BOYS &amp; GIRLS DII BASKETBALL</td>
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<tr>
<td>JANUARY – FEBRUARY</td>
<td>5th, 6th, 7th, and 8th Grade</td>
<td>BOYS VOLLEYBALL</td>
</tr>
<tr>
<td>JANUARY – FEBRUARY</td>
<td>5th, 6th, 7th, and 8th Grade</td>
<td>BOYS &amp; GIRLS TRACK (1 meet)</td>
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<tr>
<td>FEBRUARY – APRIL</td>
<td>5th, 6th, 7th, and 8th Grade</td>
<td>BOYS &amp; GIRLS DI BASKETBALL</td>
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<td>FEBRUARY – MAY</td>
<td>4th, 5th, and 6th Grade</td>
<td>GIRLS BASKETBALL</td>
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</tbody>
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PLEASE INDICATE APPROVAL OF YOUR CHILD’S PARTICIPATION IN THE FOLLOWING

Boys Volleyball: _______ Girls Volleyball: _______ Track & Field: _______
Boys Basketball: _______ Girls Basketball: _______ Cross Country: _______

ADDITIONAL INFORMATION

T-shirt Size: _______ Short Size: _______ Parent Volunteer Driver: Yes / No

MEDICAL CLEARANCE

Complete this section if your child does not have an updated physical (within one year) 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

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: __________________________

Office Use Only: Athlete: __________ Pay Date: ______ Amount: $ ______ Received by: ______

----------------------------------- Payment Receipt -----------------------------------

Athlete Name: __________ Payment Date: ______
Amount Paid: ______ T-Shirt Size: ______
Received by: ______ Short Size: ______