



Kahuku High and Intermediate School

# 2018-2019 VARSITY BOYS BASKETBALL TEAM

# JR RED RAIDER BASKETBALL CLINIC

Saturday, December 1, 2018 | Kahuku High & Intermediate School Gymnasium | 9:00am to 12:00pm

### :: PARTICIPANT INFORMATION ::

Participants Name: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size:  YM  YL  AS  AM  AL  AXL  A2X

Parent/Legal Guardian Name: \_\_\_\_\_

Contact Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### :: PARTICIPATION AND PARENT/LEGAL GUARDIAN CONSENT, RELEASE AND ASSUMPTION OF RISK ::

This consent, release and assumption of risk agreement is made and entered into by and between \_\_\_\_\_, Minor Student

born \_\_\_\_\_, Birthdate and \_\_\_\_\_, Parent/Legal Guardian, and the Department of Education, an agency of the State of Hawai'i, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

#### WITNESSETH

WHEREAS \_\_\_\_\_ Student is a minor (hereafter referred to as "student") attending \_\_\_\_\_ School

WHEREAS, student is participating in the Kahuku High and Intermediate School's JR RED RAIDER BASKETBALL CLINIC on Saturday, December 1, 2018 from 9:00am, to 12:00 noon on the campus of Kahuku High and Intermediate School located at 56-490 Kamehameha Highway, Kahuku, Hawai'i 96731.

WHEREAS we, the student & parent/legal guardian, understand that participation in athletics activities such as the JR RED RAIDER BASKETBALL CLINIC is entirely voluntary on our part. We fully understand that we must comply with the rules and regulations of the Department, League, and the Hawaii High School Athletic Association (HHSAA);

WHEREAS, student has been evaluated by student's physician or therapist and has been informed of the risks associated with his/her participation in interscholastic athletic competition;

WHEREAS, student and parent/legal guardian have been apprised that no protective equipment can prevent head, neck, brain, or other bodily injury that may result from athletic participation;

WHEREAS, student and parent/legal guardian, after having been informed of the risks to student, affirm that student has had full disclosure of the risks involved explained to student by the Department of Education, understand the risks, and agree to assume those risks as their own and make this decision as their own free will and not by coercion or influence from anyone.

NOW, THEREFORE, based upon the above understanding, student, for himself/herself, his/her heirs, executors, administrators and assigns, and \_\_\_\_\_ Parent/Legal Guardian as Parent/Legal Guardian of student, hereby acknowledge that they have been apprised of the risks

inherent in student's participation in the JR RED RAIDER BASKETBALL CLINIC, which could result in serious bodily injury and even death, and hereby consent to the participation of student in such athletic activity, agree to assume these risks as their own and hereby release the Department of Education, State of Hawaii, its officials and agents of any and all claims and liabilities whatsoever from or by reason of any athletic injury to student, while participating in the JR RED RAIDER BASKETBALL CLINIC.

WHEREAS, student and parent/legal guardian understand that the Department of Education strongly recommends that the student have medical/health insurance coverage prior to participating in interscholastic sports activities and further understand that all insurance and medical costs related to any injury are the sole responsibility of the parent/legal guardian. The Department of Education will NOT assume and is NOT responsible for any of these costs.

The student and parent/legal guardian further authorize the school officials through a certified athletic health care trainer (AHCT), qualified coach/staff, or a physician as may be determined by school officials, to provide any emergency care and/or follow-up medical treatment that may be deemed by school officials to be necessary for the student in the course of such athletic participation.

The student and parent/legal guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/legal guardian further consent and authorize the school's AHCT to administer baseline and/or post injury concussion management assessment in order to manage a concussion or suspected head trauma, such care to be conducted under the direction of a physician.

The student and parent/legal guardian hereby consent to the release of medical information by the physician to the school for purposes of allowing the school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/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. This information is normally confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release shall remain valid until revoked by the adult student or parent/legal guardian in writing.

The student and parent/legal guardian expressly agree that this assumption of risk and release agreement is intended to be as broad and inclusive in favor of the State of Hawaii as permitted by the laws of the State of Hawaii and that if any provision herein is held to be invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect. The parties understand and agree that this agreement is made with full knowledge of the facts and legal implications of entering into such an agreement and they further agree that this agreement contains the entire agreement between the parties, hereto, and that the terms of this agreement are contractual and not mere recitals.

The laws of the State of Hawaii shall control this agreement.

IN WITNESS WHEREOF, the parties hereby execute this agreement, effective the date first indicated in this agreement

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

### EMERGENCY INFORMATION:

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father/Legal Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Legal Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Conditions (allergies, prescription medicine, etc.) school should know about my child \_\_\_\_\_

\_\_\_\_\_

Health and/or Insurance Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

When the listed student becomes ill or incurs an injury during a school-sponsored activity and I am unable to be contacted, the school authorities have my permission to contact and release the student to the custody of any of the following persons:

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

To ensure prompt attention to your child, PLEASE NOTIFY THE SCHOOL ATHLETIC DEPARTMENT OF ANY CHANGE IN PHONE NUMBERS OR ADDRESS.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

:: EVENT USE ONLY ::

Form/Payment Received By: \_\_\_\_\_ Amount Received: \_\_\_\_\_  Cash  Check No. \_\_\_\_\_

Date Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_