

KAIMUKI MIDDLE SCHOOL EXTRAMURAL SPORTS PERMISSION & CLEARANCE FORM

Due to Mr. Dunn (K205) before sport begins. Please do not separate.

Name of student: _____ Grade: 6 7 8

M ___ F ___ Age ___ Date of Birth ___/___/___

Circle all sports interested in: Cross Country Volleyball Basketball Soccer Golf Strength & Conditioning

My child's insurance status is indicated below:

___ HMSA ___ KAISER
___ HMO ___ Other _____

I give my child permission to participate in extramural sports for Kaimuki Middle School. **I understand that my child will not be allowed to participate without medical insurance and a clearance note from a doctor.** I understand that the school, coaches & coordinators will observe safety precautions. I will not hold the school, coaches & coordinators responsible for any accident that might occur to my child during practices and games.

Parent/Guardian Signature

Date

In case of emergency, call or contact (list at least 2):

Name: _____ Relationship to student: _____ Phone Number: _____

CLEARANCE FORM (to be completed by physician.)

- Cleared without restriction for Cross Country, Volleyball, Basketball, Soccer and Golf.
 Not cleared for strenuous sports.

Recommendations:

EMERGENCY INFORMATION:

Allergies _____

Other Information _____

Name of Physician _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO