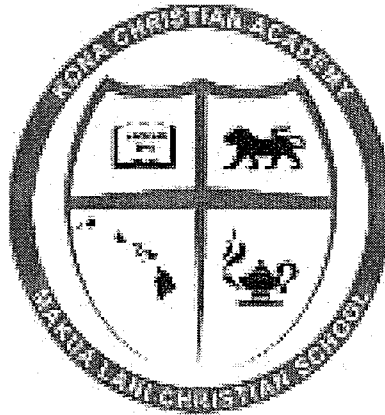


ATHLETIC HANDBOOK

2011-2012



Makua Lani Christian School Lions

"For I know the plans I have for you...Plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11

Fully Accredited Member of:
Hawaii Council of Private Schools (HAIS)
Association of Christian Schools International (ACSI)
Western Association of Schools and Colleges (WASC)

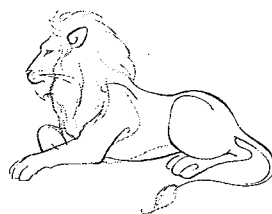


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Makua Lani Christian School - Mission Statement

Makua Lani Christian School will work together with the parents and the church to provide a Christ-centered spiritual, academic, and physical foundation that will produce individuals who will be Biblical thinkers capable of serving the world for Christ.

Philosophy of Christian Athletics

The philosophy of Christian athletics must reflect the school's philosophy of Christian education. The athletic program is no less valuable in the training of a young person to be conformed to the image of Christ than academic programs offered by MLCS. It is the understanding that through athletics, the Holy Spirit is able to train the athlete's spirit and the coach is able to train the athlete's mind and body.

It is the goal that the athletes develop positive Christ-like character qualities and express them through the medium of athletics. Athletics is a microcosm of life. The athletes are confronted with all types of life situations, perfect learning situations for the teaching of Biblical principles. It is the job of the coaches to properly direct them in these situations to build Christ-like character. Athletics should help foster relationships among the team and a sense of "ohana" (family). These relationships will help the athlete to value teamwork, vital to the development of character.

Athletics should foster awareness of individual gifting and allow the athlete to come to his/her fullest potential in these giftings. Offering athletic abilities for the good of the team helps to build the attitude of a servant in the athlete. There should be a commitment of excellence on the part of the athlete to any given sport "Do heartily as unto the Lord".

Athletics are a means to an end, not an end in themselves. The athletic program represents one aspect of the educational program, it is not the main focus of the program. As such, the athletic program shall require the athlete to perform in academics with the same commitment as in athletic endeavors. The program will function so as to involve not only the participants, but also the student body and school community. The program shall provide well-planned and well-balanced inter-scholastic activities for as many participants as possible. The program shall be planned so as to present a minimal amount of interference with the academic program.

It shall be the goal of the coach and athlete to win the contest. This winning attitude encompasses both spiritual and physical victory. "Do you know that in a race all the runners run but only one gets the prize?" The discipline and commitment of a winning attitude will develop perseverance and consistency. "I beat my body and make it my slave so that after I have preached to others, I myself will not be disqualified." (1 Cor. 9:24&27)

Consistent with the philosophy of individual development, and the understanding that a winning attitude is a win in itself, the coach will endeavor to play as many players as possible, but not necessarily all in any one game. Opportunities should be afforded all students to give the best they have to give the effort of the team.

STUDENT ATHLETICS

Eligibility

1. A student must have passed (no F's) all courses in the quarter preceding the activity and must maintain a 2.0 grade point average (GPA).
2. A student must have 80% or above for the citizenship grade during the entire participation period. **Any student on step three of the Severe Discipline program will be ineligible for activities as long as the steps are in place. Any student on the Severe Discipline Step 2 or greater will have their citizenship grade reset to 80% (rather than 100%) at the new quarter.**
3. A student with an incomplete grade from the previous quarter is ineligible unless the incomplete is made up within 10 school days after the end of the quarter.
4. **Eligibility will be based on the quarter before, as well as the quarter of participation. Grades will be checked and on or before the 3rd Monday of each new quarter and then throughout the period of participation. An athlete who is ineligible due to academics may not attend practice or participate in any games until such eligibility is restored as determined by the athletic director.**

5. **Student-athletes must be at school the entire day to be eligible to participate in practices or games for that day.**
 - a. Saturday games: Students must be at school all day Friday to be eligible to participate in a Saturday game.
 - b. Failure to comply with these rules will result in a team forfeiture.
6. **Age:** A student is eligible if he/she has not reached the age of 19 years on or before September 1st of the current academic year.
7. **Length of Participation:** A student shall have only four consecutive years of eligibility after entry into the ninth grade. Entry into the ninth grade during that school year shall constitute the beginning of the consecutive years of eligibility. Upon official registration as a ninth grader, regardless of the student's non-attendance for part of a year or a full year, that year shall be counted in determining the years of eligibility.
8. **Physical Examination: A student seeking to participate in a sport shall have passed a physical examination not more than twelve (12) months before the first official practice of the sport and shall have his/her favorable physical examination record on file in the school office.**

Participation

1. A school credit will be issued for satisfactory sports participation. A pass/fail grade (which translates as an A/F on transcripts) will be given.
 2. There will be a two-week probationary period for all who sign up. A student may at that time quit the team without consequence. The coach also has the option to have the student leave the team because of a poor attitude.
 3. **Concurrent Participation:** Students are permitted to concurrently participate in more than 1 sport with written approval by the principal and athletic director. Students will have a primary sport. If they fail to follow through with their primary sport (which is the sport they are currently participating in prior to the second sport they would start), they will receive a failing grade for the sport they drop. Example:
 - a. Student A starts cross-country in the fall, and also plays soccer in the winter. Cross-country is their primary sport, and they will finish that sport in complete. If they fail to do so, they will receive a failing grade for cross-country, and it will appear on their transcript.
- Suggestions for Concurrent sport athletes:** Make sure to communicate with your coaches. Your coaches are allowed to make arrangements for you to concurrently participate in both sports. However, they also have the authority to not let you, and you must respect that decision.
4. Students must submit all necessary paperwork and finances to the athletic director by the issued deadline. Failure to do so will result in non-participation in that sport.

Basic Rules

1. School discipline enforced: four referrals or a suspension may mean being kicked off the team.
2. If a student receives a school referral for behavioral problems or has been suspended, they may not play in the next game/meet.

Discipline Process

1. **1st Infraction:** Player will be sent home and will have to set up a conference with the principal and/or the athletic director before returning to the team.
2. **2nd Infraction:** Player will be sent home and may not return until coach, administration and parents come to a decision.
3. **3rd Infraction:** Possible expulsion from the team. May not participate with team until the administration and school board come to a final decision.

Ground Rules for Expulsion from the Team

1. Drug abuse
2. Lack of respect for coaches displayed by consistent negative behaviors such as complaining, poor attitude, no response to commands, arguing, insubordination, and other situations defined by coaches.
3. Poor Sportsmanship
4. Poor attendance: No more than one (1) absence per week if there are four (4) practices in the week, and no more than two (2) absences per week if there are five (5) practices in the week, or an executive decision by the coach administration

BIIF Enrollment Rules

To be eligible during a school semester for participation in interscholastic activities, a student must:

1. Have a current sports physical on file at the school (current is within the year)
2. A student must have passed for the immediately preceding semester, at least 4 semester units of credit toward graduation.
3. Be carrying a minimum of 3 classes (semester units) that lead to granting of credit toward graduation.
4. Be in regular attendance at school classes in which enrolled.

Makua Lani follows BIIF by-laws. We have incorporated additional details and specific information for our rules into our athletic handbook

DRESS CODE (at school, ALL PRACTICE & GAMES, all school functions)

Our main goal in supervising the appearance of students is that the students be clean, neat, and modest, and that girls look feminine and boys look masculine.

Students not meeting these standards will be required to change. Clothing should not be TOO of anything: not too high, not too low, not too tight, not too loose, and not too transparent. If you are in question, it more than likely is not appropriate.

1. Clothing that allows undue exposure is not acceptable:

short blouses or shirts that expose the middle, jog bras, halter/bikini tops, shoulder straps less than 2 inches, tank/tube tops, low cut blouses, low cut dresses, short dresses or skirts, dresses or skirts with inappropriate design (i.e. immodest slits), shorts with inseams of less than 4 inches. All skirts should long enough so that no under garments are exposed while sitting, standing, walking up stairs, etc... When in doubt, do the mirror test and see for yourself. Because of the uniqueness of each individual, the principal may deem it necessary to re-evaluate skirt lengths. If in doubt, ask before you purchase. Ultimately, the Administration –in love- has the decision on this. Complaining is subject to citizenship points.

2. General Standards

a. The administration may deem specific items of clothing inappropriate even if they are not restricted below:

- No clothing with inappropriate signs, slogans, or wording – specifically skulls, dragons, occult symbols, anything referring to chemical substance (ie..beer, alcohol, etc...)
- All clothing must be appropriately buttoned and zipped up. All shorts need to be hemmed and of modest length. Pants and shirts should not have holes.
- Boys - No earrings body piercings or ponytails.
- Girls – Earrings in ears only, no body piercing.
- No visible tattoos for boys or girls
- No body chains
- Hair color must be a natural color (ie. Blond, brown, black, auburn) and kept at a modest length.
- **The administration has the final say on this.**

b. ATHLETES RECEIVING REPEATED DRESS CODE WARNINGS WILL NEED TO MEET WITH THE ADMINISTRATION TO DISCUSS CONSEQUENCES.

Coaches

Coaches Qualifications:

1. To be consistent with the philosophy of MLCS, the coaches need to possess the following qualities:
 - a. Have a Christian testimony consistent with the MLCS Statement of Faith.
 - b. Be competent in subject matter area.
 - c. Be insightful in understanding and developing athletes' giftings.
 - d. Be a motivator and a person who can develop a positive attitude in the athletes.
 - e. Have good health and quality of lifestyle.
 - f. **Be available for practices and games.**
 - g. Be even tempered; not easily given to outbursts of anger or mood swings.
 - h. Be diplomatic; being able to handle difficult circumstances that arise during competition, especially with the students, but also with parents and officials.
 - i. Be a positive Christian role model.
 - j. **Report regularly and when required to the Athletic Director.**
 - k. Be able to keep MLCS priorities in mind. Our athletes represent the Lord Jesus Christ, MLCS, the Kona community and their families. These must be taken into account and understood by the athletes. These issues are as important as the competition itself.
 - l. Present a united front with staff and school. A coach is not to cause division with the school structure and/or team by openly contesting school decisions and policies before the athletes.
 - m. Conduct positive interaction with parents. If an issue has the potential to become negative, the coach should work with the Administration and the Athletic Director to help solve the problem.

Job Description:

1. Job description for MLCS coaches:
 - a. Full knowledge of game rules.
 - b. **Communicate thoroughly with the Athletic Director.**
 - c. Organize practice times.
 - d. Oversee scrimmages, practices, games and tournaments. **(THIS INCLUDES RIDING THE BUSES TO AND FROM GAMES)**
 - e. If the team you are coaching is small in size and does not require a bus to competition, it is your job to help the administration coordinate rides (adult drivers), to and from the away sites.
 - f. Display good sportsmanship (BIIF rules for coach displaying poor sportsmanship involves suspension from the next game and a \$100 fine)
 - g. Oversee good sportsmanship from team members and fans (if any of those people get out of control you need to ask them to leave the field.)
 - h. Notify BIIF of any unsportsman-like conduct that took place at any event.
 - i. **Attend all coaches meetings with the BIIF, or designate an assistant coach or the athletic director if unable to attend.**
 - j. Responsible for all issued equipment.
 - k. Grade each student and submit grades to the A.D. at the end of the season. (See grading information below)
 - l. Take attendance at each practice and game. Keeping students accountable for turning in notes from home/or doctors when they miss any practice of game/meet. This is calculated into the student's grade.
 - m. Fill out any necessary accident forms.
 - n. Attend Awards BBQ at the end of the school year.
 - o. Approve all preseason contests through the A.D. and administration
 - p. Coaches must submit 1 MVP and 1 Lionheart Award to the A.D. by May 1st. If more than one award wants to be given out, the winner(s) of the award(s) will receive a pin, instead of a plaque.
 - q. **Fundraising is a MUST to help pay for excess equipment and tournament fees.**
 - r. **Home-Game Organization: Coaches are responsible for any needed equipment for home games – Water, Ice, Medical Equipment, Field Preparation, etc.**
 - s. **NFHS Coaches Certification: All coaches must complete their online coaches certification course no later than 4 weeks after the first official practice date.**

Attendance Policy for Grading Students:

1. Each student is required to attend all practices and all games/meets. When they are absent from any of the above, they must bring a note from home verifying their absence. If they cannot participate due to injury, it is necessary to have a doctor's note for verification. If they are hurt and miss less than ½ of the season, they are graded for that amount of participation. If they miss more than ½ of the season with the doctor's note, they receive an incomplete grade.

All Makua Lani Christian School coaches must agree to, and sign, the coaching contract prior to contacting and working with student athletes.

Retreats/Sleepovers

1. Retreats and sleepovers are a great way for teams to fellowship and grow closer together. However, we must have guidelines to ensure the safety of the child, parent, coach and administration.
 - a. Coed sleepovers are not allowed.
 - b. Sleepovers must be arranged and supervised by coaches of the same gender.
 - c. Sleepovers that are not supervised by a coach on contract with the school, will not be supported by the school administration, and the school will not be responsible for anything related to the sleepover.
 - d. Coed retreats that are not overnight(day retreats) are allowed, however school rules apply and it is the coaches responsibility to enforce these rules.
 - e. All team (boys, girls and coed) day retreats must be arranged and supervised by the head coach(s) of that sport.

Approval by the Athletic Director and School Administration must occur before the sleepovers and/or retreats take place!

Coaches Meetings:

1. All coaches will be **REQUIRED** to attend the yearly pre-academic year coaches meeting. These meetings are very important to the organization and communication of the athletic department.
 - a. The athletic director will also call for special meetings when/if needed.
2. **Attend all coaches meetings with the BIIF (Pre and Post-Season), or designate an assistant coach or the athletic director if unable to attend.**

Parent Meetings:

1. Coaches are encouraged to attend the pre-academic year parents meeting. **The parent meeting will be included into the back to school night in early September, however, it is encouraged that coaches hold individual parent meetings prior to the season.**

BIIF and State Tournaments:

1. To minimize stress and confusion, the administration will take full responsibility for the arrangements at BIIF and HHSAA State Tournaments. This includes:
 - a. Transportation
 - b. Overnight Accommodations
 - c. Budget
 - d. Etc. (Includes all other arrangements that may be necessary)
2. At the BIIF and HHSAA State Tournaments, coaches and chaperones have full responsibility over the children and must enforce all of the Makua Lani rules and guidelines. For this reason, it is important that all coaches be familiar with both the student/parent and athletic handbooks. If there are any questions or concerns while at BIIF or State tournaments, it is important that you immediately contact the athletic director and administration.

Athletic Director Qualifications and Description

Qualifications:

1. To be consistent with the philosophy of Makua Lani Christian School, the athletic director needs to possess the following qualities:
 - a. Have a Christian testimony consistent with MLCS statement of faith.
 - b. Be a competent organizer.
 - c. Be insightful in understanding and developing athletes' giftings.
 - d. Be a motivator and a person who can develop a positive attitude in the athletes.
 - e. Have good health and a quality lifestyle.
 - f. Be even tempered; not easily given to outbursts of anger or mood swings.
 - g. Be diplomatic; being able to handle difficult circumstances that arise during competition, especially with the students, but also with the parents and the officials.
 - h. Be a positive Christian role model.
 - i. Be able to keep MLCS priorities in mind. Our athletes represent the Lord Jesus Christ, Makua Lani Christian School, the Kona community and their own families. These must be taken into account and understood by the athletes. These issues are as important as the competition itself.
 - j. Present a united front with staff and school.

Job Description:

1. Promote athletics within the parents and student body of MLCS.
2. Recruit students into various sports activities.
3. Submit a yearly budget request to the Board of Directors.
4. Keep an accurate up-to-date inventory including inventory, uniforms and first aid supplies.
5. Set up and coordinate with BIIF the various sports activities that the MLCS students choose to be involved in.
6. Hand out and collect the necessary forms for the athletes' participation.
7. Keep regular communication with parents.
8. Coordinate with other district A.D.'s concerning scheduling, use of fields for practices and games.
9. Assist administration in the recruiting and hiring of coaches.
10. Communicate all necessary information to the coaches.
11. Attend all home games/meets.
12. Attend the BIIF monthly meetings.
13. Schedule and organize the yearly Awards BBQ.

Makua Lani Christian School

Emergency Action Plan

2011-2012

1. **Emergency Personnel/Team:**
 - a. Athletic Trainers: Gordon Dong
 - b. Administrator: Thaddea Pitts
 - c. Coach(es): Victor Johnson, Doug Andrews, John Edwards, Milton Alcos, Jared Komo
 - d. Other certified faculty/staff: Cathy Sugiyama, Page Alapai.
 - i. **CONTACT NUMBERS PROVIDED ON LAST PAGE!**

2. **Emergency Equipment Checklist:**
 - a. Athletic Training Kit
 - b. AED
 - c. First Aid Kit
 - d. Spine Board
 - e. Splints
 - f. Ice
 - g. Water

3. **Role of the First Responder:**
 - a. The first responder will more than likely be the coach, trainer or athletic director.
 - b. The first person needs to establish that the scene is safe and provide the immediate care needed for the athlete(s)
 - i. Check for electrical wires, fire, water, etc.
 - c. The following situations require the activation of the Emergency Medical System (EMS):
 - i. Unconscious athlete
 - ii. No pulse or circulation
 - iii. Anaphylactic shock, i.e., allergic reaction to food, drugs, or insect bites
 - iv. Electrical Shock
 - v. Head injury with loss of consciousness
 - vi. Neck injury resulting in the loss of sensation, strength or range of motion; **DO NOT MOVE ATHLETE.**
 - vii. Suspected Fracture, or affected limb; **DO NOT MOVE ATHLETE**

4. **Call 911:**
 - a. First responders to the situation need to analyze the situation, then have someone call 911.
 - b. When calling 911, make sure you, or someone helping you, can answer these questions:
 - i. Name of site
 - ii. Address of site
 - iii. Cross streets
 - iv. Phone number of the caller
 - v. Number of people involved
 - vi. Condition of the injured
 - vii. First Aid treatment rendered
 - viii. Specific directions as needed to get to the emergency scene
 - ix. The site administrator needs to document the time EMS was called.
 - x. EMS to transport via; ambulance, air, or car.
 - xi. EMS transported to which hospital

5. **Provide appropriate CPR or First Aid**
 - a. First aid treatment was provided by _____

6. **Notify Parent or Guardian**
 - a. Who notified Parents: _____

7. **Notify AHCT (Trainers):**
 - a. Coach or assistant coach to notify AHCT
 - b. AHCT to notify Athletic Director if necessary, i.e., catastrophic injury
 - c. Athletic Director to notify Principal in necessary, i.e., catastrophic injury
8. **Do Not Talk To The Media; Refer them to the Athletic Director of Principal**
9. **Role of the Secondary Responder (site coordinator, coach)**
 - a. Retrieval of emergency equipment: Make sure all equipment is made available for the AHCT to use.
 - b. Open the appropriate gates, or clear appropriate areas so that all emergency vehicles will have an easy, accessible entry to the scene of the accident.
 - c. Designate an individual to flag down the EMS and direct them to the scene
 - d. Limit the scene to first aid providers and EMS. Move the bystanders away from the scene of the accident.
10. **Locations of Makua Lani Christian School Practice and Home Game Sites:**
 - a. Cross Country – Makalei Golf Course/Kaloko Rd.
 - b. Soccer – Old Airport Soccer Fields
 - c. Golf – Kona Country Club
 - d. Track – Kealakehe High School Track
 - e. Tennis – Holua & Island Slice Tennis Courts
 - f. Bowling – Kona Bowling Alley
11. **Phone numbers for individuals involved in the Makua Lani Christian School Emergency Action Plan:**
 - a. Gordon Dong: 808-987-4786 or 808-325-5393
 - b. Thaddea Pitts: 808-329-4898 or 808-322-3803 or 808-989-0309
 - c. Victor Johnson: 714-293-5540
 - d. Cathy Sugiyama 808-325-6368
 - e. Page Alapai 808-895-0695
 - f. Doug Andrews 808-345-1479
 - g. Jared Komo 808-345-4043
 - h. Frederick Herrmann 08-895-4066

Makua Lani Christian School Sports Registration 2011-2012



Parents: Please fill in the necessary information and return the form to Mr. Johnson or the office

****Continued from 2010-2011:** Only ONE Registration, Transportation, Emergency Contact/Medical Release Form is needed for all sports played.**

Name: _____ Date of Birth: _____

Last School Attended: _____

Please Circle All Expected Sports To Be Played:

- Cross Country, Soccer, Golf, Tennis, Track/Field

Finances: \$200 for soccer. \$150 sports assessment per other sport (non-refundable) which will be added to the tuition billing. Some scholarships available. Contact office

Forms Required: Doctor's physical
Parent Permission Form – Games Transportation
Emergency Contact, Medical Release/History/Insurance Forms

Basic Information:

- All students must have some form of medical insurance. If you do not have, contact the office for information of companies that can provide you with insurance.
- **All forms and finances must be current before the athlete can attend practice.**
- The student has 2 weeks after the first practice begins to decide if they plan on staying on the team. The can leave the team during this time without any repercussion. After the 2-week period, if they decide to leave, they will receive an F on their report card. Commitment to the team and the school is considered an important quality.
- Makua Lani's Philosophy of Christian Athletics includes developing individual skills and perseverance as well as fostering a winning attitude as individuals and for the team. Please read over the philosophy statement carefully.

Fees for students making states are the responsibility of the individual family.

To compete in interscholastic athletics activities is entirely a voluntary action on my part. I fully understand that I must comply with the rules and regulations of the athletic department, league and the Hawaii High School Athletic Association (HHSAA). Furthermore, I certify that I know and understand the extent and risks involved in the participation of interscholastic athletics activities.

Parent Signature

Student signature

Date

Makua Lani Christian School

Transportation Permission Form – 2011-2012



Student Name: _____

Game Transportation

As the parent or legal guardian of the above student, I give my permission for _____ to be transported to and from games by the bus company or vehicle(s) provided by the school for the 2011-2012 sport seasons. Optional transportation will be ONLY adult drivers, no students.

***Local games/matches: Student drivers may drive themselves and siblings, but may not transport any other student athlete without prior written approval by both sets of parents and/or guardians.** Transportation to local games/matches will still be organized by the athletic director and head coach. Students will not come back to the school after the game/match and will be looked after by the coach or an alternate parent until all students have left the game site.

Practice Transportation

I understand that transportation to and from practices and home games is not the school's responsibility, and I do not hold Makua Lani Christian School liable for any mishaps or injuries that may occur during this time.

It is understood by the parent/guardian and student signing this form that Makua Lani has the following expectations:

1. Your student understands and will abide by the transportation arrangements noted on this form.
2. These arrangements will remain in effect for the 2011-2012 school year.
3. Should alternate plans be needed, written instructions will be received by the parent/guardian in the office in advance of the game.
4. Last minute transportation plans made by phone are not acceptable.
5. If the arrangements set forth on this document are not possible for any given game, the parent/guardian will be responsible for transporting your student.
6. Boys and girls teams may be released from school early according to game times.
7. If a student or parent wants to make alternate transportation for their child after away games, school administration and coaches must receive specific instructions prior to departure for game from parent/guardian.

Parent/Guardian Signature

Student Signature

Date

This form remains valid for one school year. Please complete a new form if any information changes.

**MAKUA LANI CHRISTIAN SCHOOL
MEDICAL AND LIABILITY RELEASE**



I hereby give my permission and approval as parent / guardian for _____ to participate in all athletic activities sponsored by Makua Lani Christian School, Holualoa, Hawaii. It is my understanding that these activities will be conducted within and without the State of Hawaii and that some of the activities will be physically strenuous. I understand that my child must obey all rules and regulations, which will be clearly stated prior to the event. In case of serious violation of any rules or regulations, I will be notified by telephone, if possible, and arrangements will be made for the child to return home. Should the above discipline be necessary, I agree to be responsible for any expense incurred.

In the event that my child becomes ill or sustains an injury while participating in an athletic activity, I give permission to a leader or chaperone (listed below) to take whatever steps are necessary to administer first aid. In the event that I can not be reached by telephone, I also consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and / or surgeon. I understand that this consent will apply to all emergency situations, and agree to release my child into the supervision of a designated school leader and/or chaperone (listed below) after medical care is received. A copy of this form is as valid as the original. This consent shall remain in effect until written revocation is made.

I further agree that the medical and emergency information provided on this form and any attached document(s) is accurate and current.

Makua Lani Christian School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Makua Lani Christian School nor the designated school leaders and/or chaperones listed below will be responsible for personal injury to my son/daughter, or for the loss or damage to his/her personal property while under their supervision.

My child may be released into the care and supervision of: Jared Komo, John Edwards, Gordon Dong, Kimberly Dong, Barbara Nakamura, Bobby Nakamura, Victor Johnson, Thaddea Pitts, Doug Andrews, Milton Alcos, Page Alapai.

This the _____ day of _____, 20____

PARENT / GUARDIAN (Print): _____

PARENT / GUARDIAN (Sign): _____

STATE OF HAWAII , COUNTY OF (_____)

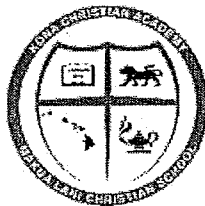
Personally appeared before me, _____, a Notary Public,

_____, with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence), and who acknowledged that he/ she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this _____ day of _____, 20____

NOTARY PUBLIC _____ **My Commission Expires:** _____

Emergency Contact / Medical Release / Liability Waiver
2011-2012



Father's/
 Guardian's Name _____ Bus. Phone _____ Cell or
 Pager# _____

Employer _____

Mother's
 Guardian's Name _____ Bus. Phone _____ Cell or
 Pager # _____

Employer _____

Student Resides with _____

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 one of the following:

	Name	Relationship	Home Phone	Bus. Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Medical Liability Waiver

Recognizing the possibility of physical injury associated with athletics and in consideration for Makua Lani Christian School and its affiliates accepting the athlete for its team(s), I hereby release, discharge and/or otherwise indemnify Makua Lani Christian School, its affiliated organizations and sponsors, their employees, travel staff and associated personnel, parent volunteers, including the owners of fields and facilities utilized for the programs, activities and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry, or an administratively approved (administrator/athletic director/coach) representative of Makua Lani Christian School, provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. I also give consent to release my son/daughter's medical information to a designated Makua Lani Christian School representative (administrator/athletic director/coach) in my absence.

Parent/Guardian Name: _____
 (Please Print)

Signature of Parent/Guardian: _____ Date: _____

This form remains valid for one school year. Please complete a new form if any information changes.

MEDICAL CONDITIONS
CURRENT INSURANCE INFORMATION



Last Name _____ First Name _____ M.I. _____

Medical Conditions

Allergies (Including Medications): _____

Are you currently taking medication (please list): _____

Other medical conditions to be aware of (Specificity Necessary): _____

Medical Insurance Information

Medical Insurance Co. _____

Phone: _____

Policy Holder's Name: _____

Policy Number: _____

Player's Physician: _____

Phone: _____

Parent/Guardian Name: _____

(Please print)

Signature of Parent/Guardian: _____ Date: _____

This form remains valid for one school year. Please complete a new form if any information changes.

Please attach a copy of the medical insurance card or paperwork associated with the policy listed above.

Hawaii State Department of Education
PHYSICAL EXAMINATION FOR ATHLETES

Student's Name _____ M/F _____ Date of Birth ____/____/____ Grade _____
 (Print) Last First MI Month Day Year
 Address _____ Home Phone _____ Student Resides With _____
 Street No. City State Zip Code

Fall Sport _____ Winter Sport _____ Spring Sport _____

Father's/Guardian's Name _____ Bus. Phone _____ Cell or Pager _____

Mother's/Guardian's Name _____ Bus. Phone _____ Cell or Pager _____

Emergency Contact _____ Bus. Phone _____ Cell or Pager _____
 Name & Relationship

Health and/or Insurance Carrier _____ Policy # _____

To be completed by Physician only

Height _____ feet & inches Weight _____ lbs Blood Pressure ____/____ Pulse _____ bpm
 Vision: R 20/____ L 20/____ Corrected: Yes No Pupils: Equal ____ Unequal ____
 Asthma _____ (Medication Used) Diabetes _____ (Medication Used) Allergies _____ (Medication Use)

MEDICAL	NORMAL	COMMENTS	INITIALS
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart/Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
Genitalia			
MUSCULOSKELETAL			
Neck			
Back/Spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Calf/ankle			
Foot/toes			
Other			

Clearance:

- A. Cleared for all sports _____
- B. Cleared after completing evaluation/rehabilitation for _____
- C. Not cleared for:
 - Collision
 - Contact
 - Non contact
 - Strenuous
 - Moderately Strenuous
 - Non-strenuous

Due to _____

Physician's Recommendation _____

Name of Physician _____ Date of Physical Exam _____

Address _____ Telephone _____

Signature of Physician _____ Fax Number _____

Parent/Guardian and Student to fill out before Physical Examination

Explain "Yes" answers below. Circle question you don't know the answer to.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have: (circle all that apply) High blood pressure A heart murmur High Cholesterol A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	33. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36. When exercising in the heat, do you have severe muscle cramps, or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	37. Has a doctor told you that you, or does someone in your family have sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	41. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you have a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, list affect area: _____	<input type="checkbox"/>	<input type="checkbox"/>	42. Would you like to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	43. Would you like to gain weight?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Has a doctor ever told you that you have asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN "YES" answers here: (Add additional pages if necessary)			FEMALES ONLY		
			47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			48. How many periods have you had in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby verify to the best of my knowledge that the answers which have been provided to the above questions are correct.

Signature of Student _____ Signature of Parent/Guardian _____ Date _____

The student and parent/guardian consent and authorize school officials through an Athletic Health Care Trainer (AHCT), qualified coach/staff, or physician as determined by the school, to provide any first aid and/or emergency care as well as follow-up first aid or medical treatment that may be reasonably necessary for the student as determined by a school official in the course of athletic practice, competition or travel.

The student and parent/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/guardian hereby consent to the release of medical information by physician to 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 confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the adult student or parent/guardian in writing.

Signature of Student _____ Signature of Parent/Guardian _____ Date _____