**Waianae HS Athletic**

**Participation Acknowledgement Form**

Student Athlete’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Parent/Guardian of the Student Athlete named (Parent/ Guardian’s Name or Adult Student) above or Adult Student athlete have:

**Parent Guardian or Adult Student Athlete ( Please Initial )**

\_\_\_\_\_\_\_\_\_\_ Viewed and Understood the D.O.E. Risk Management Video and acknowledge and understand the risk of Participating in interscholastic sports at Waianae High School.

\_\_\_\_\_\_\_\_\_\_ Received or Read and Understood the School Parent/Student-Athlete Handbook

All items above must be completed for participation eligibility. We give our consent, release, and assumption of risk for our child/children to participate after reviewing the video in person or on the website kaleoowaianae.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Student- Athlete Name (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/ Legal Guardian’s Name or Adult Student Signature) (Date)

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