

**Island Pacific Academy
2010-2011
Parent/Student Athlete
Handbook**



ISLAND PACIFIC ACADEMY
2010-2011
Parent/Student Athlete Handbook

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Requirements for Participation Checklist:

9-10	Current Hawaii State Department Physical Examination form (ILH by-laws section 1.8)
11	Emergency Information form
12	IPA Consent and Transportation Waiver form
13	IPA Parent/Student-Athlete Code of Conduct form
14	IPA Parent/Student Handbook Agreement form

The above forms must be completed and submitted to the IPA Athletic Department, where they will be kept on file. Proof of current medical insurance must be submitted with the above forms.

ALL the above forms must be completed, signed and turned in to the IPA Athletic Department prior to participation. A student will not be eligible to practice or compete until all forms are properly filled out, signed, and turned in.

ISLAND PACIFIC ACADEMY ATHLETICS

Mission Statement

To provide students the opportunity through interscholastic competition to develop leadership skills, physical strength and skills, a strong work ethic, and a mental discipline that ensures success in life as well as athletics.

Philosophy

Island Pacific Academy considers participation in athletics a privilege, not a right. Students who participate in interscholastic athletics will be held to high standards of personal responsibility and behavior.

Interscholastic League of Honolulu (ILH)

The Interscholastic League of Honolulu was established in 1909 with Punahou, Kamehameha and McKinley High School. Today, the ILH is comprised of 25 private schools. Island Pacific Academy was admitted as a member in 2005. The Board of Athletic Directors (BADILH) and Principals (BOPIH) of the ILH maintain an excellent program with the well-being of the student athlete as an emphasis.

Pac-5

Pac-5 is a unique athletic program made up of a consortium of 19 independent schools banding together to field teams for competitive sports in the ILH. The program began in the early 1970s with four independent schools forming a JV football team. The Pac-5 program gives IPA students an opportunity to be on a team that IPA does not provide.

Pac-West

In 2007-2008 Pac-5 added a Pac-West program which is made up of the following schools: Christian Academy, Hanalani School, Ho`āla School, Island Pacific Academy and Lanakila Baptist School. This additional program was created to enable students from private, independent schools located on Oahu's west side a better opportunity to participate and commute to ILH sporting practices and events.

Sports Offered at IPA for 2010-2011

subject to change without notice

Sport	Team	Levels of Participation	Gender	Approximate Start Date
<u>Fall Season</u>				
Air Rifle	IPA	Varsity & JV	Boys & Girls	02 Aug 2010
Bowling	CT*	Varsity & JV	Boys	02 Aug 2010
Bowling	CT**	Varsity	Girls	02 Aug 2010
Bowling	IPA	JV	Girls	02 Aug 2010
Cheerleading	Pac-5	Varsity & Intermediate	Girls	02 Aug 2010
Cross Country	IPA	Varsity, JV & Intermediate	Boys & Girls	02 Aug 2010
Football	Pac-5	Varsity & Intermediate	Boys & Girls	02 Aug 2010
Kayak	Pac-5	Varsity & JV	Boys & Girls	02 Aug 2010
Tennis	IPA	JV	Boys & Girls	02 Aug 2010
Volleyball	IPA	JV & Intermediate	Girls	02 Aug 2010
Water Polo	Pac-5	Varsity & Intermediate	Boys	02 Aug 2010
<u>Winter Season</u>				
Basketball	IPA	Varsity & Intermediate	Boys	15 Nov 2010
Basketball	IPA	JV & Intermediate	Girls	01 Nov 2010
Diving	IPA	Varsity, JV & Intermediate	Boys & Girls	08 Nov 2010
Paddling	Pac-5	Varsity & JV	Boys & Girls	08 Nov 2010
Precision Riflery	IPA	Varsity & JV	Boys & Girls	08 Nov 2010
Soccer	Pac-5	Varsity	Boys & Girls	08 Nov 2010
Soccer	Pac-West	JV & Intermediate	Boys & Girls	08 Nov 2010
Swimming	IPA	Varsity, JV & Intermediate	Boys & Girls	08 Nov 2010
Tennis	IPA	Intermediate	Boys & Girls	08 Nov 2010
Wrestling	Pac-5	Varsity, JV & Intermediate	Boys	08 Nov 2010
Wrestling	Pac-5	Varsity & Intermediate	Girls	08 Nov 2010
<u>Spring Season</u>				
Baseball	Pac-West	Varsity & Intermediate	Boys	14 Feb 2011
Golf	IPA	Varsity & Intermediate	Boys & Girls	07 Feb 2011
Judo	Pac-5	Varsity, JV & Intermediate	Boys & Girls	14 Feb 2011
Softball	Pac-West	Varsity & JV	Girls	07 Feb 2011
Softball	IPA	Intermediate	Girls	07 Feb 2011
Tennis	Pac-5	Varsity	Boys & Girls	07 Feb 2011
Track & Field	IPA	Varsity, JV & Intermediate	Boys & Girls	14 Feb 2011
Volleyball	CT*	Varsity & Intermediate	Boys	14 Feb 2011
Water Polo	Pac-5	Varsity & Intermediate	Girls	07 Feb 2011

Levels of Competition (Eligible Grades)

Intermediate: Grades 7-9 JV: Grades 9-11 Varsity: 9-12

*combined team with Lanakila Baptist School (host) **combined team with Pacific Buddhist Academy (host)
 (conditioning for some sports will take place prior to the start date)

GENERAL POLICIES

General Eligibility Requirements

A student must be enrolled full-time in Island Pacific Academy. (ILH by-laws, section 1.1)

No student nineteen years of age before September 1, 2010 shall be eligible to participate thereafter. (ILH by-laws, section 1.7)

A student will have no more than four (4) years of eligibility once he or she enters the 9th grade or above of any school. (ILH by-laws, section 1.4)

Academic Eligibility

As an academic institution, and in keeping with ILH by-laws, students must be in good academic standing at Island Pacific Academy in the grading period immediately preceding the season and during the season in which they wish to compete.

Middle School

In the IPA Middle School, good academic standing is defined as earning a minimum of “Progressing” in **each** subject. Should a student’s progress in any subject fall below “Progressing” or should the student fall below standard with regards to academic responsibilities including completing and turning in homework/assignments, getting extra help when needed, and positive class participation and focus, he/she may be ineligible to practice and/or compete until appropriate academic progress has been re-established.

Each athlete will be required to submit a weekly progress check on Monday afternoon to the Dean/Academic Counselor as a means of monitoring student academic progress. Should an athlete fail to complete this responsibility, he/she will be ineligible to practice and/or compete during that week. All student-athletes are expected to make up within two school days any missed work due to early athletic dismissal. (Refer to the Middle School Handbook)

Upper School

All students participating in school-sponsored extracurricular activities, including, but not limited to, music, choir, band, drama, and athletics, are required to maintain a minimum GPA of 2.0 (“C” average) in the previous and current semester of athletic participation. Students who fail to meet this minimum requirement will not be allowed to participate in those activities for a period of two weeks or until a minimum GPA of 2.0 in all coursework is achieved. If after two weeks no significant change has occurred and the student’s academics continue to suffer, the student may be placed on Academic Probation, jeopardizing continued involvement in any school-sponsored activities.

Students on academic probation are **not** permitted to represent the school in any extra-curricular activities for a minimum two-week period. At the end of that two-week period, student progress will be evaluated to determine whether or not the student may resume participation in school-sponsored extra-curricular activities. (Refer to the Upper School Course Guide and Handbook)

Athletic Study Hall – Middle School

Because we recognize how difficult it can be for student-athletes to balance their academic and athletic commitments, we have made available an additional supervised study hall period for all student athletes. This study hall will take the place of the student's PE class. It is expected that all student-athletes will use this 75-minute class period to complete homework assignments, study for any upcoming quizzes or tests, or make up work missed due to an early athletic dismissal.

Behavioral Eligibility

In keeping with our Agreement System, all athletes will be expected to maintain the highest of behavioral standards both during the school day and while participating as a member of an IPA, Pac-5, Pac-West or combined school athletic team. Students who consistently violate the behaviors outlined in the Agreement System to the point where a student/parent/teacher conference has been deemed necessary will become ineligible to practice and/or compete for a minimum of two weeks.

Any student placed on Behavioral Probation may be deemed ineligible to practice and/or compete with an athletic team for the duration of the probation.

Sports Participation

Attendance

Each team member is required to attend all scheduled practices, meetings and games. Absence from any one of these events except for a valid excuse or emergency may cause a student to be ineligible for the next competition. In the event a practice must be missed due to an approved excuse, the athlete must provide written documentation from a parent verifying the excused absence. Approved excuses include:

1. Important family obligations (Must have note prior to event)
2. Scheduled religious events (Must have note prior to event)
3. Sickness/Illness
4. Other extra-curricular (school or outside) participation

Approval for missed practices or games is determined by the coach.

Athletic Participation Fee

Due to a seasonal sport assessment from the Pac-5/Pac-West and Combined Team programs, IPA must charge its athletes a fee based on each sport in which they compete. 50% of the total fee will be defrayed by IPA. The assessment from Pac-5/Pac-West and a host school is based on: coaches' salaries, uniform usage, equipment needs, referee expense, league cost/fee, sport awards etc. Athletic fees are non-refundable, even if the student leaves a team before the end of the season.

* Below are examples of sport fees reflective of previous seasons; current fees are subject to change.

Sport	IPA Cost	Cost to Athlete
Baseball-Pac-West-Intermediate	\$310	\$155
Soccer-Girls-Pac-West-Intermediate	\$300	\$150
Softball-Girls-Pac-West-JV	\$190	\$95

Please contact the IPA Athletic Department for the estimated costs of other Pac-5/Pac-West and combined team sports.

Athletes may be required to purchase personal practice/safety related equipment as needed by the sport (e.g. athletic supporters, sport bras, baseball gloves, outerwear, etc.)

Practice Attire

Each participant should wear appropriate attire and athletic footwear for the specific sport.

Game/Competition Attire

Athletes must wear the required uniform as appropriate to the specific sport.

Student Athlete Expectations

As a member of an IPA, Pac-5, Pac-West or combined school team, the student is held to the highest standards of conduct. The most important expectation is that each student puts forth his/her best effort. We also value:

Dedication: Commit yourself to the team and task you have chosen.

Sportsmanship: The qualities and conduct that reflect respect for opponents and a desire to play for the pleasure of the game or sport. We want enthusiasm!

Honesty: Trustworthiness, integrity

Perseverance: To remain consistent or constant in a task. Keep going!!

Teamwork: Support team members with your presence and hard work; work together for the benefit of the team.

Discipline: Training that is expected to produce a specified character or pattern of behavior. Come ready to play and have a good attitude. Bad attitudes are not acceptable. Good conduct is not just required on the field but off the field as well. People are watching us and we need to make sure we set a good example, and leave spectators with a high regard for IPA student-athletes.

Each member of IPA participating in practice or games, must at all times, present a mature, sportsman-like attitude.

Students are expected to:

- 1. Give their best effort**
- 2. Model respect and fair play**
- 3. Promote team unity**
- 4. Commit to personal growth**
- 5. Model positive behavior and language**
- 6. Play within the rules**
- 7. Celebrate differences**
- 8. Promote physical and emotional wellbeing**
- 9. Demonstrate dignity in victory and defeat**
- 10. Honor your school, your opponent, your league, and Hawaii**

Any student who does not uphold and adhere to IPA standards and regulations may have his/her privilege to participate revoked by the coach, athletic director, division principal or headmaster.

Any student who receives a technical foul (behavioral) during a game will be placed on a two-week probationary status. This student is still required to attend all practices and games, and once reinstated will be placed on the bottom of the depth chart.

Any student receiving two technical fouls (behavioral) for any given school year (even in different sports) will automatically be withdrawn from the team and banned from any further participation during the remaining part of the year. (For a returning student, this may also affect his/her next school calendar year participation)

Early Dismissal Procedures on Game Days

Game days and team/individual early dismissals will be announced to the faculty and administration in advance through NSPN and email. Parents will receive a game schedule from their student's respective coaches. Students must complete an early dismissal slip prior to leaving campus. The slip must be signed by the instructors of all classes from which the student is to be excused, and the student must report to the appropriate division office prior to departure. Students leaving campus without completing an early dismissal slip and/or failing to report to the division office may be subject to disciplinary action. Students are expected to complete their early dismissal slips prior to lunch in order to avoid disrupting class.

Withdrawing from a Sport

Students selected to compete for an IPA, Pac-5, Pac-West or combined team program are expected to complete their season, including all practices, games, tournaments, and post season play. It is an honor to be selected to play for an intermediate, junior varsity, or varsity team, and students are expected to view their selection as such. Failure to complete a season affects the team, coaches, and the league. Family concerns over logistics and/or sport fees should be considered prior to the first week of scheduled practice. Upper school students who do not complete their season will not receive PE credit.

Parent/Spectator Expectations

The purpose of spectators in sport is to raise the level of play of our student athletes through encouragement and positive leadership. To this end, spectators—parents, siblings, extended family, friends, alumni, media, and the student body—are expected to:

- 1. Demonstrate respect**
- 2. Promote fair play and team unity**
- 3. Model positive behavior and language**
- 4. Honor the game, coaches, athletes, and referees**
- 5. Celebrate differences**
- 6. Promote physical and emotional wellbeing**
- 7. Demonstrate dignity in victory and defeat**
- 8. Honor the school, the opponent, the league, and Hawaii**

Spectators may not:

Use foul language.

Make remarks or gestures with the intent to harm, embarrass, or humiliate students, coaches, athletic directors, game officials, or fellow spectators.

Badger referees, athletes, coaches, athletic directors or fellow spectators.

Engage in organized fan behavior, including signage, intended to intimidate, disrespect or belittle the opponent, coaches, school officials or referees.

Use noisemakers of any type.

Engage in threatening verbal or physical contact with any athlete, coach, athletic director, game official, or fellow spectator.

Parents/spectators who fail to adhere to these guidelines will be removed from the event, and further sanctions by the school, league, or civil authorities may be imposed. A pattern of inappropriate behavior, as defined above, by a parent/family member may result in removal of the student from a team and/or dismissal of the student from the school.

ILH By-Laws

The participation of students in the ILH is governed under the by-laws involving:

- eligibility
- academic standings
- sports participation
- outside participation
- transfer policy
- conduct of coaches & athletes

Parents may request a copy of the ILH By-Laws from the Athletic Department.

ILH Refreshment Rule

Visiting teams and their parents, supporters, coaches and school representatives are prohibited from consuming or distributing any food, snacks or meals on the campuses of other schools. **ONLY DRINKS ARE ALLOWED TO BE DISTRIBUTED.** This rule only applies for school sites and facilities, NOT public facilities like Kapiolani Park, community baseball fields, Central Oahu Regional Park, etc.

**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 Used)

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 _____

(Over)

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"/>
			43. Would you like to gain weight?	<input type="checkbox"/>	<input type="checkbox"/>
			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<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"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY	<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"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN "YES" answers here: (Add additional pages if necessary)			48. How many periods have you had in the last 12 months?	_____	

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 _____

Island Pacific Academy Athletic Department

Emergency Information Form

Student's Name _____

Address _____ City _____ Zip _____

Phone _____ Date of Birth _____ Grade _____

Name of Father/Legal Guardian _____

Business Phone _____ Home Phone _____ Cellular/Pager _____

Name of Mother/Legal Guardian _____

Business Phone _____ Home Phone _____ Cellular/Pager _____

Name of Emergency Contact (Other than above) _____

Relationship _____ Address _____

Business Phone _____ Home Phone _____ Cellular/Pager _____

Name of Physician _____ Business Phone _____

Health and/or Insurance Carrier _____

EMERGENCY AUTHORIZATION/RELEASE OF MEDICAL INFORMATION

In the event of any emergency (illness or injury), I/we understand Island Pacific Academy Athletics will make every effort to contact us.

If contact is not possible, I/we grant permission to Island Pacific Academy Athletics and assigned personnel to accompany our child to a medical facility for emergency care and allow the on-duty physician to administer care and treatment.

I/we also authorize the release of medical information between Island Pacific Academy Athletics and the prescribing physician/emergency provider pertinent to the student athlete's medical condition.

ANY SIGNIFICANT HEALTH CONDITION _____

ANY FOOD OR MEDICATION ALLERGIES _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

**Island Pacific Academy
Athletic Department**

IPA Consent & Transportation Waiver Form

I hereby give my permission for _____ to participate in any
IPA/Pac-5/Pac-West or combined team sports during the 2010-2011 school year.
Student's Name

Further, if it is the judgment of an Island Pacific Academy coach/teacher/representative that my child requires medical care, I authorize the school to provide emergency treatment for any injury or illness my child may experience during an athletic practice, scrimmage or game.

I understand that Island Pacific Academy does not carry special insurance coverage for the individual members of the team or the team as a whole. I am aware and understand IPA's policy that students must be covered by appropriate insurance before they participate in the athletic programs.

I authorize that Island Pacific Academy has my permission to transport my child through private vehicles or hired transportation to and from games or practices by either the athletic department personnel or school sponsors. I will not hold the school or these individuals responsible or liable for any injury to my child.

Finally, my child and I are aware that participating in any athletic activity can be a potentially hazardous situation. We are aware of and assume all risks associated with participation in any sport, including but not limited to, falls, contact with other participants, the effects of weather, transportation, and other reasonable risk conditions associated with the sport.

I have checked the following boxes below and understand this consent & transportation waiver form and agree to its conditions.

_____ My child is covered by _____
Name of Health and/or Insurance Carrier

_____ My child is in good physical condition. There are no medical problems that would prevent my child from participating in the school's athletic program(s), according to the physical exam provided by my child's doctor. This physical is good for one year from the date noted by the physician.

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

IPA Parent/Student Athlete Code of Conduct

As a student-athlete of Island Pacific Academy:

I understand that I must meet and/or exceed the academic eligibility requirements for participation in athletics at IPA.

I will abide by the established rules and policies of IPA, those of my coach and team, the Interscholastic League of Honolulu and the Hawaii High School Athletic Association.

I will display good sportsmanship at all times. I will be humble in victory, gracious in defeat and respectful of the coaches, officials, and of all team members.

I will conduct myself with the utmost pride and do my best to live the core values and philosophy of IPA which include demonstrating trust, respect, kindness, generosity of spirit, and recognizing the importance of each individual's value.

I understand that if at any time I fail to meet or abide by the above agreements and/or if my conduct or academic standing is deemed unacceptable to IPA it could result in athletic probation status and/or immediate removal from the sports program.

Student Signature: _____ Date: _____

As a parent of a student-athlete enrolled at Island Pacific Academy:

I will be positive and encouraging.

I will support and respect the efforts made by my child, his/her teammates, the coaches, and athletic personnel.

I will promote sportsmanship and the values and philosophy of IPA in our student athletes and athletic program.

I will communicate promptly and thoroughly with coaches and the athletic personnel.

I understand that any parental conduct deemed intrusive or threatening to any team, participant or employee in or of the athletic program may warrant in my child's removal from the athletic team/program.

Parent Signature: _____ Date: _____



2010 – 2011 IPA Parent/Student Athlete Handbook Agreement Form

Student's Last Name, First Name (PLEASE PRINT)

Parent/Legal Guardian Last Name, First Name (PLEASE PRINT)

Grade

Sports Interested In (PLEASE LIST)

I have read the 2010-2011 IPA Parent/Student Athlete Handbook in its entirety and I agree to follow the rules, policies and procedures detailed therein. I also understand that by signing and submitting this form I allow my child to be eligible to participate in the IPA Athletic Program (provided all the necessary forms are also completed properly and submitted by required deadlines).

Signature of Student

Date

Signature of Parent/Legal Guardian

Date