



# Central Kitsap School District High School Athletic Clearance Form

Student Name: (Please Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Physical Expiration Date: \_\_\_\_\_

Where did you attend school last year?

Previous Semester GPA: \_\_\_\_\_

Number of courses enrolled in last semester: \_\_\_\_\_

Number of courses passed: \_\_\_\_\_

Date enrolled in current school: \_\_\_\_\_

How many courses will you be enrolled in during the sports season(s)?

Residency:

Do your parents live within:

Your school's attendance area ☐ Yes ☐ No

Central Kitsap School District ☐ Yes ☐ No

If no, where do they live (address):

\_\_\_\_\_ 1st semester

\_\_\_\_\_ 2nd semester

Are you a running start student? ☐ Yes ☐ No

Are you a home school student? ☐ Yes ☐ No

## Athletic Code Consent (parent/guardian and athlete must initial)

A copy of the athletic code is available on the district website ([www.ckschools.org](http://www.ckschools.org)) and in each school's main office.

_____	_____	We have read the athletic code governing rules and expectations for athletics. We understand what behavior is expected of participants. We acknowledge that these standards are expected of athletes throughout the entire year.
Parent/	Athlete	
Guardian		

## Insurance Requirement (parent/guardian must initial)

Information on student accident insurance is available at the district office and in each school's main office.

_____	I understand that my son/daughter cannot participate in any Central Kitsap School District athletic/cheerleading program unless he/she is covered by medical/accident insurance. Medical/accident insurance may be purchased through the student accident insurance protection plan, or the student may be covered by a family insurance plan.
Parent/	
Guardian	

☐ **Option #1** I/we are purchasing the student accident insurance protection plan for the 2016-17 school year,

☐ **Option #2** I/we have medical/accident insurance coverage and will continue to keep it in force through the interscholastic season(s); therefore, I/we do not wish to enroll the above-named student in the accident insurance protection plan.

## INDICATE BELOW ALL SPORTS IN WHICH YOU WILL BE PARTICIPATING THIS YEAR

Fall Sport	Winter Sport	Spring Sport

By signing this form, we acknowledge and are aware of the risks involved in athletics and we have medical insurance that covers injuries. The above named student has permission to participate in the sports listed above. We also agree that the above information is true and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone