



Central Kitsap School District High School Athletic Clearance Form 2019 - 2020 School Year

Student Name: (Please Print): _____ Grade: _____
Birth date: _____ Age: _____

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):

Are you a running start student? ☐ Yes ☐ No

Are you a home school student? ☐ Yes ☐ No

Which School do you attend? (2019-20)

Barker Creek Community School ☐ Central Kitsap High School ☐

Klahowya Secondary School ☐ Olympic High School ☐

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

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

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

Insurance Requirement (parent/guardian must initial)

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

Parent/ I understand that my son/daughter cannot participate in any Central Kitsap School District athletic/cheerleading
Guardian 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.

☐ **Option #1** I/we are purchasing the student accident insurance protection plan for the 2019-20 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
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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