



Central Kitsap High School Athletic Clearance

COUGARS

Student's Name: (Please Print) _____ **Grade:** _____

Birth date: _____ Age: _____ Physical Expiration Date: _____

Where did you attend school last year?

- Central Kitsap High School
- Other (School Name) _____

Date enrolled at CKHS _____

Residency:

Do your parents live within:

- CKHS Attendance Area Yes No
- Central Kitsap School District Yes No

If no, where do they live (address)

Previous Semester GPA _____

Number of courses enrolled in **last** semester _____

Number of courses passed _____

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

_____ 1st semester

_____ 2nd semester

Are you a running start student? Yes No

Are you a home school student? Yes No

We have read the following forms that are on the CKHS website (<http://ckhs.cksd.wednet.edu>) and in the main office.

(Athlete and Parent must initial each item.)

Parent Athlete Athletic code governing rules and expectations for athletics at Central Kitsap High School. We understand what behavior is expected of participants. We acknowledge that these standards are expected of athletes throughout the entire year.

Parent Athlete The list of rules and procedures for **(list sports below)**. We also understand the necessity of using the proper techniques while participating in athletic programs in the Central Kitsap School District.

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. The above named student has permission to participate in the sports listed above at Central Kitsap High School. We also agree that the above information is true and accurate.

Student Signature

Parent Signature

Date

Date

Daytime Phone

Evening Phone