



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.cksd.wednet.edu) 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 2015-16 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