



# 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): \_\_\_\_\_  
Ist 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) 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 2017-18 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

_____	_____	_____
<b>Fall Sport</b>	<b>Winter Sport</b>	<b>Spring Sport</b>

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