

<input type="checkbox"/> ASB	<input type="checkbox"/> User Fee	<input type="checkbox"/> Fines (\$_____)	<input type="checkbox"/> GPA (_____)
<input type="checkbox"/> Concussion Form	<input type="checkbox"/> Physical (Exp. Date: _____)		<input type="checkbox"/> Passing 5

KENNEWICK SCHOOL DISTRICT HIGH SCHOOL ATHLETIC CLEARANCE

Student Name: _____ Male: Female: Student Grade: _____

Student ID Number: _____ Student Birth Date: _____

Student Address: _____ City: _____ Zip: _____

Name of adult person(s) with whom student resides:

Father: _____

Mother: _____

Court Appointed Guardian: _____

Other: _____ Relationship: _____

Phone (Work): _____ (Home): _____ (Cell): _____

- Current Activity:
- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swim | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Cheer | <input type="checkbox"/> Dance |

Which school boundary do you reside in: Kamiakin Kennewick Southridge

Since 7th grade, have you repeated a grade or failed to complete any semester of school? No Yes

Have you repeated a grade or failed to complete any semester in high school? NA No Yes

What calendar year did you enter high school? 20____ Foreign Exchange Student? No Yes

STUDENT/PARENT VERIFICATION OF RECEIPT & VERIFICATION OF UNDERSTANDING

By initialing and signing below you verify that you have read and understand all documents (available upon request or at www.ksd.org) listed below. Further, by initialing and signing below you verify that you will abide by all policies, procedures, protocols, etc. listed therein.

- **Sport Specific Safety Guidelines** : I understand the rules and procedures and the necessity of using proper techniques while participating in _____ (Current Activity).

Parent /Guardian Initial: _____ Student Initial: _____

- **Extracurricular Athletic / Activity Information; Summer Camp Athlete / Student Expectations:** I understand and agree to all stated conditions of participation in extracurricular activities in the Kennewick School District.

Parent /Guardian Initial: _____ Student Initial: _____

- **Training Rules For Interscholastic Activity Participation; Training Rules For Summer Interscholastic Activity Participation:** I understand that my conduct and training habits must be appropriate in order to ensure my continued participation in interscholastic activities. I understand and agree to abide by the training rules for interscholastic activity participation.

Parent /Guardian Initial: _____ Student Initial: _____

- **Concussion Form;** I have read and understand the concussion guidelines and that concussions can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. If my child reports any symptoms of concussion, or if I notice the symptoms or signs of concussion yourself, I will seek medical attention right away.

Parent /Guardian Initial: _____ Student Initial: _____

Parent Signature: _____ Student Signature: _____

Date: _____ Date: _____