

Office Use Only

<input type="checkbox"/> ASB	<input type="checkbox"/> Concussion/ Sudden Cardiac Arrest	<input type="checkbox"/> Fines (\$____)	<input type="checkbox"/> GPA (____)
<input type="checkbox"/> Passing 6 or 7	<input type="checkbox"/> User Fee	<input type="checkbox"/> Student Emergency Form	<input type="checkbox"/> Physical (Exp. Date: _____)

**KENNEWICK SCHOOL DISTRICT MIDDLE 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): \_\_\_\_\_  
 Parent Email Address: \_\_\_\_\_

Current Activity:

<u>FALL</u>	<u>WINTER I</u>	<u>WINTER II</u>	<u>SPRING</u>
<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Softball
<input type="checkbox"/> Football	<input type="checkbox"/> Dance	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Baseball
<input type="checkbox"/> Cross Country			<input type="checkbox"/> Track
<input type="checkbox"/> Volleyball			

Which school boundary do you reside in:  Chinook  Desert Hills  Highlands  Horse Heaven  Park  
 Since 7<sup>th</sup> grade, have you repeated a grade or failed to complete any semester of school?  No  Yes  
 Return Physical Form?  No  Yes  
 Return Emergency Form?  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](http://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 Initials: \_\_\_\_\_ Student Initials: \_\_\_\_\_

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

Parent /Guardian Initials: \_\_\_\_\_ Student Initials: \_\_\_\_\_

- Training Rules for 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 Initials: \_\_\_\_\_ Student Initials: \_\_\_\_\_

- Concussion and Sudden Cardiac Arrest Awareness:** I have read and understand the sudden cardiac arrest information sheet and concussion guidelines. 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, I will seek medical attention right away.

Parent /Guardian Initials: \_\_\_\_\_ Student Initials: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_