

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

### 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:  Baseball  Basketball  Bowling  Cross Country

Football  Golf  Gymnastics  Soccer

Softball  Swim  Tennis  Track

Volleyball  Wrestling  Cheer  Dance

Which school boundary do you reside in:  Kamiakin  Kennewick  Southridge

Since 7<sup>th</sup> 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](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; 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 Initials: \_\_\_\_\_ Student Initials: \_\_\_\_\_

- **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 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: \_\_\_\_\_

## Kennewick School District 17 STUDENT EMERGENCY INFORMATION

### MEDICAL PERMISSION - INSURANCE AUTHORIZATION - TRAVEL PERMISSION

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Birth Date \_\_\_\_\_ Activity \_\_\_\_\_  
 Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

#### EMERGENCY MEDICAL TREATMENT AND INSURANCE AUTHORIZATION

As the parent/guardian of the above named student, my signature on this form:

- 1) authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury; and
- 2) grants permission for the supervising person to seek medical attention from the nearest licensed physician and/or medical facility.

I am aware that Kennewick School District does not provide medical insurance coverage for accidents/injuries resulting from participation in school and/or school-related activities. As the parent/guardian of the above named student, I accept full responsibility for the cost of treatment for any accident, illness or injury which my student may suffer while participating in school/school related activities.

I understand that my student must maintain adequate medical insurance coverage in order to participate in interscholastic athletics/activities, and that it must be kept in force throughout the sport/activity season.

#### MY SON/DAUGHTER IS COVERED BY MEDICAL INSURANCE (CHECK APPLICABLE BOXES):

- Voluntary school medical insurance protection                       Medical coupons  
 Family medical insurance

#### LIST ANY SPECIFIC INSTRUCTIONS NECESSARY FOR TREATMENT:

Date of Last Tetanus booster: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Hospital:     Kennewick General     Richland Kadlec     Pasco Our Lady of Lourdes

#### Telephone number where each parent/guardian can be contacted:

Father/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

#### STUDENT TRAVEL PERMISSION

Kennewick School District has my permission to transport my son/daughter by District Bus/Vehicle, Private Vehicle and/or Rental Vehicle.

\_\_\_\_\_  
 (Signature of Parent/Guardian )

\_\_\_\_\_  
 (Date)