



Central Kitsap School District Middle School Athletic Clearance Form 2019 - 2020 School Year

Last Name: _____ First Name: _____

Birth date: _____ Age: _____ Grade: _____

Current school: _____ School attended last year: _____

Are you a home school student? Yes No

Do you live within the Central Kitsap School District attendance area? Yes No

If no, please list address: _____

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 2019-20 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.

Please indicate all sports in which you plan to participate this year:

FALL	WINTER #1	WINTER #2	SPRING
<input type="checkbox"/> Cheerleading <input type="checkbox"/> Fastpitch <input type="checkbox"/> Track & Field	<input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Soccer	<input type="checkbox"/> Girls Basketball <input type="checkbox"/> Wrestling	<input type="checkbox"/> Cross Country <input type="checkbox"/> Football <input type="checkbox"/> Volleyball

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 indicated above. We also agree that the above information is true and accurate.

Student Signature

Date

Parent Signature

Date