

Office Use Only

- ASB Concussion/ Sudden Cardiac Arrest Fines (\$_____) GPA (_____)
- Passing 5 User Fee Student Emergency Form 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: _____

Parent Email Address: _____

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 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 Initials: _____ Student Initials: _____

- **Extracurricular Athletic / Activity Information; Summer Camp Athlete / 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; 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: _____