

Vancouver Public Schools
Clearance Form for Returning Athletics and Activities
MIDDLE SCHOOL

School year: _____

Athlete's name: _____ Grade: ____ Sex: ____

Student I.D. Number: _____ E-Mail Address: _____

Sport: _____ Previous sport(s) _____

1. TRAINING RULES

We are aware of the Vancouver School District training rules, which require good citizenship and WIAA equivalent standing in order to participate, and which prohibits the use and/or possession of tobacco, drugs and alcohol. Athletes violating any training rule are subject to reduction of playing time, "benching" for part of the season, and/or removal from the team. We have read and understand the implications of district Regulations 5135 and 5135.1 and Policy 5300.

I have read and acknowledge this: _____ Parent/Guardian's Initials: _____ Athlete's Initials: _____

2. INSURANCE COVERAGE

Our insurance coverage is the same as listed on the complete clearance packet turned in for (list sport) _____

_____ Yes _____ No Parent/Guardian's Initials: _____ Athlete's Initials: _____

If "No", please list new Insurance Coverage _____

3. HEPATITIS B/AIDS

We realize that, although coaches and officials take all possible precautions and remove a bleeding athlete from a contest immediately, there is a slight risk of exposure to these bloodborne pathogens (Hep B/Aids) when participating in sports.

I have read and acknowledge this: _____ Parent/Guardian's Initials: _____ Athlete's Initials: _____

4. PHYSICAL EXAM

My child's physical exam information is still current (less than 24 months from date of exam). The current exam form was turned in when my child cleared for the sport of _____ during the _____ school year.

_____ Yes _____ No Parent/Guardian's Initials: _____ Athlete's Initials: _____

5. SAFETY GUIDELINES

I have read the safety guidelines for the sport my son/daughter is participating in this season.

Sport _____

_____ Yes _____ No Parent/Guardian's Initials: _____ Athlete's Initials: _____

6. CURRENT CONCUSSION COMPLIANCE

Parent/Guardian's Initials: _____ Athlete's Initials: _____

Student ID # _____

7. EMERGENCY INFORMATION

In the event of an injury or emergency involving your child, the following information is essential:

Student Name _____ Grade _____

Parent/Guardian Name(s) _____

Work Phone _____ Cell Phone _____ Home Phone _____

Emergency Contact Name _____

Work Phone _____ Home Phone _____

Athlete's Physician _____ Phone _____

Hospital Preference _____ Kaiser Chart # _____

Insurance Company _____ Group # _____

In case of emergency, I authorize the service of any physician. YES _____ NO _____

I will assume financial responsibility for emergency medical treatment for my son/daughter. YES _____ NO _____

8. LAST TRIMESTER GRADES

PRESENT TRIMESTER CLASSES

PERIOD	CLASS	GRADE	PERIOD	CLASS
1.	_____	_____	1.	_____
2.	_____	_____	2.	_____
3.	_____	_____	3.	_____
4.	_____	_____	4.	_____
5.	_____	_____	5.	_____
6.	_____	_____	6.	_____
7.	_____	_____	7.	_____

9. ACTIVITY FEE / CLEARANCE

Upon receipt of the \$20 activity fee and completion of this form _____ (athlete's name)
will be considered cleared and eligible to participate in the sport of _____

Parent/Guardian signature: _____ **Date:** _____

Athlete signature: _____ **Date:** _____

Date all items completed: _____

Clerk's initials: _____