

Vancouver Public Schools
Clearance Form for Returning Athletics and Activities
High 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 Public Schools 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 blood borne 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: _____

7. HAS YOUR RESIDENCE ADDRESS CHANGED SINCE YOUR LAST SPORTS SEASON?

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

If "Yes", please list new address _____

MUST BE FILLED OUT IN INK—ANSWER ALL QUESTIONS Student ID #: _____

Allergies: ___ Yes ___ No If so, what: _____ Inhaler or Epi-pen: ___ Yes ___ No

Boundary Exception: ___ Yes If so, what is your home school? _____

8. 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 _____ Work #2 _____ Home Phone _____

Emergency Contact Name _____

Work Phone _____ Home Phone _____

Athlete's Physician _____ Phone _____

Hospital Preference _____ Kaiser Chart # _____

Insurance Company _____ Group # _____

In case of an 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 ___

9. Are you a full time student? ___ Yes ___ No If no please check which applies to your situation:

How many classes are you taking at your current high school? _____

Are you a Running Start student? ___ Yes ___ No If yes: ___ part time, ___ full time

Are you a Skills Center student? ___ Yes ___ No

Are you a foreign exchange student? ___ Yes ___ No

Are you attending an alternative school, private school or home schooled? ___ Yes ___ No

LAST SEMESTER GRADES

Students must provide a printed copy of their transcript or most recent semester report card. Fall and Winter sports are cleared by 2nd semester grades of the previous school year (June grades). Spring sports are cleared by 1st semester grades of the current school year (February). PLEASE save your semester grade reports and print a copy to attach to the sports clearance packet.

10. ACTIVITY FEE

\$50 activity fee _____ Sport _____

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

Date all items completed: _____

Clerk's initials: _____