



Athletic Clearance Forms and Checklist

Read, print and retain these documents from the KSD website:

- Kennewick School District [Extracurricular/Anti-Hazing Agreement](#)
- Kennewick School District [Training Rules Participation](#)
- Kennewick School District [Concussion Information Sheet](#)
- Kennewick School District [Sudden Cardiac Arrest Awareness](#)
- Kennewick School District [Specific Sport Safety Guidelines](#)

Complete the following forms and return:

- ✓ Chinook Middle School [Athletic Team Rules and Expectations](#) (*keep for your records*)
- ✓ [Statement of Agreement and Early Release Consent](#) (*complete both*)
- ✓ Middle School [Athletic Clearance Sheet /Student Emergency Information](#)
Parent/guardian and student athlete are to sign and initial where indicated
- ✓ Kennewick School District Physical Evaluation Form (*physicals are valid for 2 years*)

Athletic Participation Fees

All student athletes **must** purchase a Chinook ASB each school year:

ASB - \$15.00 ASB reduced rate - \$5.00*

Sports fee must be paid in the office for **each** sport at time packet turned in:

Sport Fee - \$30.00 Sport Fee reduced rate - \$10.00*

****Must qualify for reduced rate***

Student Name: _____ Grade _____ Sport _____

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Dear Parents and Athletes,

Congratulations on your child's decision to become a part of our Chinook Wolves Athletic Programs. As a 7th or an 8th grade player, your child will be given the opportunity to develop and improve his/her sport specific skills. Players who adhere to the following guidelines will have the opportunity to play on a Chinook Team during the Fall, Winter I, Winter II or Spring seasons.

Players

- Be a responsible student and a supportive teammate. Display sportsmanship, good character and citizenship at all times. Show respect toward teachers, coaches, opponents and officials. Participating on any Chinook team is a privilege.
- Participate in practice the day before a game to be eligible on game day, unless an absence is pre-approved by your coach.
- Students must be in attendance no less than $\frac{1}{2}$ the school day to be eligible for practice or games. (11:30 or 10:40 on Wednesdays).
- Submit all required paperwork and fees. Sign up for Remind (if possible) to stay up to date on all team related activities. (*Coaches will provide more information about Remind 101.)

Parents

- Provide encouragement, demonstrate a positive attitude, and display outstanding sportsmanship.
- Show respect toward coaches, referees, Chinook players, opposing players and other spectators.
- Refrain from side-line coaching.
- Sign up for Remind so you can stay up to date on all basketball practices and games.

Practice

- We have a no cut policy or tryout period. Everyone is welcome.
- No parents, siblings, or friends allowed at practice. Only players and coaches are allowed in the practice area.
- Practice: Players must arrive to practice on time - 6:00-7:30 AM or 2:45-4:30 PM **and be properly dressed down or they will be marked tardy.** * Practice times are subject to change. You will be notified in advance.
- On Wednesdays players are required to attend study hall in the cafeteria or leave the school grounds until their scheduled practice time. **Players must arrive back to school by 2:45 pm properly dressed down or they will be marked tardy.**
- Players may not disrupt other sports, clubs, or teachers during their practices.
- Players are to stay in the practice area before and during practices.
- Players are not to fraternize with other students before or during practice.

- Any missed practice requires a written excuse from parents, a Remind text, an email, and/or a call to school a day in advance. Please let the coach know ahead of time if you are going to miss practice.
- All tardiness will be recorded. Laps will be required for each minute of unexcused tardiness. Tardiness will only be excused if they are pre-arranged with the coaching staff at least 1 day in advance.
- 3 unexcused practices or games will result in immediate dismissal from the team.
- If a player demonstrates inappropriate behavior or does not follow the athlete guidelines, he may lose playing time and/or be removed from the team.
- Athletes must maintain a 2.0 GPA and have no more than one "F" grade. Grades are checked at the beginning of the season and at mid-season.

Games

- All athletes must arrive on time by 2:45PM.
- 7th grade games start at 4:00. 8th grade games follow the 7th grade games, usually starting between 5:15-5:30 PM. 8th grade players must be in the gym at 4:00 or as instructed by coach. Spring sports all start at 4:00.
- All team members will help setup and put away the equipment for home games before leaving.

Transportation

- When riding the bus, athletes must follow all school bus rules. Some bus trips will be a drop only. This requires parents to pick up their child at the away game location.
- Parents must pick up their athletes immediately following all practices and games (unless they are walkers).

Safety/Uniforms

- All players need appropriate sport specific shirts, shorts, socks and shoes for practice.
- The school provides a game uniform for checkout. Game gear is only worn on game days.

Spirit Packs

- Players will have access to order an on-line spirit pack. This is completely OPTIONAL.
- Orders will be delivered and handed out at school.

Please return the signature page with the completed clearance packet. If it is not received prior to the first game, your player will not be allowed to play.

Thank you for supporting Chinook Athletics. Athletics is a great way for students to be connected with their peers and school. We are looking forward to the upcoming season and the opportunity include your student.

GO WOLVES!!!!

Athlete/Parent Statement of Agreement



I/We have read the rules and expectations for the 7th & 8th Grade Chinook Athletic Team with my/our son/daughter. I/we agree to support the coach, team members, and follow all team expectations. I/We understand that my/our son/daughter may lose game opportunities and/or be dismissed from the Chinook Team if the expectations are not followed.

Player's Name (Please print neatly)

Player's Phone #

Player's Signature

Grade Level

Date

Parent/Guardian's Name

Phone Number

Parent/Guardian's E-mail

Parent/Guardian's Name

Phone Number

WEDNESDAY EARLY RELEASE 1:10 pm PRACTICE BEGINS AT 2:45pm

On Wednesday's Chinook has early release. Student athletes must attend study hall in the cafeteria or be completely off campus until 2:35. Please complete the area below indicating where your student should be during this time. Athletes that are disruptive or off task in study hall, or on campus unsupervised (not in study hall) may choose step and/or lose playing time.

_____ allow my athlete to be off campus between 1:10 & 2:45 on Wednesdays

_____ my student athlete will attend study hall between 1:10 & 2:45 on Wednesdays

Athlete Name

Grade

Sport

Student Cell #

Parent Signature

Date

Phone #

Alternative Phone #

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Office Use Only

<input type="checkbox"/> ASB	<input type="checkbox"/> Concussion/ Sudden Cardiac Arrest	<input type="checkbox"/> Fines (\$____)	<input type="checkbox"/> GPA (____)
<input type="checkbox"/> Passing 6 or 7	<input type="checkbox"/> User Fee	<input type="checkbox"/> Student Emergency Form	<input type="checkbox"/> Physical (Exp. Date: _____)

KENNEWICK SCHOOL DISTRICT MIDDLE 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: FALL WINTER I WINTER II SPRING
 Soccer Boys Basketball Girls Basketball Softball
 Football Dance Wrestling Baseball
 Cross Country Track
 Volleyball

Which school boundary do you reside in: Chinook Desert Hills Highlands Horse Heaven Park

Since 7th grade, have you repeated a grade or failed to complete any semester of school? No Yes

Return Physical Form? No Yes

Return Emergency Form? 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; 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:** 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

F-2 2320

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 authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury.

Does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or medical facility?

- Yes, parent/guardian initial _____
 No, parent/guardian initial _____ Please specify below the procedure you wish the supervising person to follow:

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.

HEALTH ALERTS - Parents must note any medical conditions below	
<input type="checkbox"/> Voluntary School Medical Insurance Protection <input type="checkbox"/> Medical Coupons <input type="checkbox"/> Family Medical Insurance	Date of last Tetanus booster: _____ Medication Allergies: _____ Other Allergies: _____
<u>MEDICAL CONDITIONS:</u>	
<u>CURRENT MEDICATIONS:</u>	

Family Physician _____ Telephone _____

Preferred Hospital: Kennewick Trios 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)

Kennewick School District 17
PHYSICAL EVALUATION

Section A: To Be Completed By Parent

Male Female

Student Legal Name _____

Address _____ City _____ Zip _____

Phone _____

Grade in the Fall _____ School in the Fall _____

Activity: Fall _____ Winter _____ Spring _____

Explain all "Yes" answers with dates and details in the area following the question.

Yes	No	
		Have you had any illness/injury recently, or do you have an illness/injury now? Explain
		Have you had a medical problem, illness or injury since your last exam?
		Do you have any chronic or recurrent illness? List
		Have you ever had any illness lasting more than a week? List
		Have you ever been hospitalized overnight?
		Have you ever had surgery other than a tonsillectomy? List
		Have you ever had any injuries requiring treatment by a physician? List
		Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc)? List
		Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc)? List
		Do you have ANY allergies (medicine, bees, foods, etc)? List
		Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
		Do you tire more easily or quickly than your friends during exercise?
		Have you ever had any problem with your blood pressure or your heart?
		Have any of your close relatives had heart problems, heart attack or sudden death before they were age 50?
		Do you have any skin problems (acne, itching, rashes, etc)? List
		Have you ever had fainting, convulsions, seizures or severe dizziness?
		Do you have frequent severe headaches?
		Have you ever had a "stinger" or "burner" or pinched nerve?
		Have you ever been "knocked out" or "passed out"? Date & details
		Have you ever had a neck or head injury? Date and severity
		Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
		Have you had asthma, trouble breathing, or cough during or after exercise?
		Do you wear glasses or contacts or protective eye wear?
		Have you had any problems with your eyes or vision?
		Do you wear any dental appliance such as braces, bridge, plate, retainer?
		Have you ever had a knee injury?
		Have you ever had an ankle injury?

Student Name (Last, First) _____

Expiration Date _____

	Have you ever injured any other joint (shoulder, wrist, fingers, etc)?
	Have you ever had a broken bone (fracture)?
	Have you ever had a cast, splint, or had to use crutches?
	Must you use special equipment for competition (pads, braces, neck roll, etc)?
	Has it been more than five (5) years since your last tetanus booster shot?
	Are you worried about your weight?
	Females: Have you any menstrual problems?
	Have you any medical concerns about participating in your activity?

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Section B: To Be Completed By Physician

Age _____	Height _____	Weight _____	BP _____	Pulse _____	Visual Acuity L 20/___ R 20/___
	Normal	Abnormal Findings	Initials		
Head					
Eyes, ENT					
Teeth					
Chest					
Lungs					
Heart					
Abdomen					
Genitalia					
Neurologic					
Skin					
Physical Maturity					
Spine, Back					
Shoulders, Upper Extremities					
Lower Extremities					

Assessment: Full Participation

Limited Participation (describe limitations, restrictions in box below)

Participation contraindicated (list reasons in box below)

Date _____ Physician's Signature _____ Print Physician Name _____