

PORT ANGELES HIGH SCHOOL
DEPARTMENT OF ATHLETICS
304 East Park Avenue Port Angeles, WA 98362

ATHLETIC CLEARANCE: *Please complete online, OR IN INK, print and return to the PAHS athletic secretary along with sports physical and preparticipation questionnaire. Proof of ASB purchase must accompany this application to receive a clearance card.*

Student's Name _____ School Year _____ Grade _____

Student's **COMPLETE** Address _____ City _____ State _____

Date of Birth _____ Age _____
Month/Day/Year

Where did you attend school last year?
 Port Angeles High School Stevens Middle School
 Other (School Name) _____

Date first enrolled at PAHS _____

Residency:

Does your parent or guardian live within the PASD School District Attendance Area Yes No
If no, where do your parents/guardians live? (residential address) _____

Month/Day/Year of last physical exam _____
Sports physicals last for two years & must be valid for the sports season.

Number of classes enrolled in last semester _____
Number of classes failed last triad _____ semester _____
Previous Semester GPA _____
How many classes will you be enrolled in during the sports season(s)?
1st semester _____ 2nd semester _____

Are you a Running Start, Lincoln High School Skills Center or DLD student? Yes No
Are you a home or private school student? Yes No
Are you a 5th year senior? Yes No
Are you a foreign exchange student? Yes No
Have you been a foreign exchange student? Yes No

Athlete, Parents: Initial items below. We have read the following forms and handbook available on the School District or PAHS websites.

_____ Parent & Athlete must initial. Athletic code governing rules and expectations for athletic participation in the Port Angeles School District athletic program. We understand what behavior is expected of all participants. We acknowledge these standards are expected of athletes throughout the entire athletic season(s).

_____ Parent & Athlete must initial. We have read the list of rules and procedures for the sports we have marked below. We understand the necessity of using the proper techniques that will be demonstrated by the coaching staff while participating in any athletic program offered through the Port Angeles School District. We understand the Assumption of Risk, Informed Consent, and the Inherent Risk that also includes concussion awareness. We have read and retained signed copies of the concussion awareness and the inherent risk forms for each sport the athlete will participate in while enrolled in the Port Angeles School District athletic program. **These forms are available on the PASD website or in PAHS Main Office.**

WHAT SPORTS WILL YOU BE PARTICIPATING IN DURING THE SCHOOL YEAR?

Fall _____ Winter _____ Spring _____

Parents/Guardians: Check yes or no below.

Yes No I give permission for this student-athlete to appear in any publications for the purpose of telling of activities happening in the Port Angeles School District. I understand that these publications might include school informational or promotional brochures, pictures, newspaper articles and/or newsletters relating to school activities. (FERPA Release)

Yes No I consent to allow physicians or health care providers, including athletic trainers, to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary. I understand that this may include information related to concussion testing. (HIPAA Release)

By signing this form we acknowledge and are aware of the risks involved in school athletic participation. We accept full responsibility for the cost of treatment for any injury that our student athlete may suffer while taking part in the athletic and activities program. We understand that not all insurance companies cover school athletics and have checked our policy. The above named student has permission to participate in the sport(s) listed above in the Port Angeles School District athletic program. We agree that the above information is true and accurate and that providing false information risks the participant's removal from the athletic program. I understand that if I alter my course curriculum I am to notify the athletic department as soon as possible. **If you are a foreign exchange student, you must complete form 6; please get this form from the Athletics Secretary, PAHS Office, 360.565.1809.**

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PAHS Athletic Director _____ Date _____

Daytime Phone _____ Evening Phone _____