

# PORT ANGELES HIGH SCHOOL

## DEPARTMENT OF ATHLETICS

304 East Park Avenue  
Port Angeles, WA 98362  
360.565.1809

**ATHLETIC CLEARANCE - Please complete online, print and return to PAHS Athletic Secretary with your sports physical and pre-participation questionnaire. You must also purchase an ASB card to be an athlete.**

Student's Name \_\_\_\_\_ Grade for 2011-2012 School Year: \_\_\_\_\_

Student's CUT ÚŠÒVÒ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ *Day, month, and year* of your last physical exam \_\_\_\_\_  
Sports physicals last for two years and must be valid for the sports season

Where did you attend school last year?

Port Angeles High School  
Stevens Middle School  
Other (School Name) \_\_\_\_\_

Number of classes enrolled in **last** semester \_\_\_\_\_

Number of classes failed last triad or semester \_\_\_\_\_

Previous Semester GPA \_\_\_\_\_

How many classes will you be enrolled in during the sports season(s)?

1st semester \_\_\_\_\_

2nd semester \_\_\_\_\_

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) \_\_\_\_\_

Are you a Running Start student? Yes No

Are you a home or private school student? Yes No

Are you a 5<sup>th</sup> year senior? Yes No

Are you a foreign exchange student? Yes No

Have you been a foreign exchange student? Yes No  
If yes, When? \_\_\_\_\_

**Athlete and Parents must initial each item below.**

**We have read the following forms and handbook available on the Port Angeles School District website.**

\_\_\_\_\_  
Parent Athlete **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 that these standards are expected of athletes throughout the entire athletic season(s).

\_\_\_\_\_  
Parent Athlete 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 have read and retained a signed copy of the Concussion Information and the Inherent Risk Forms for each athletic program my student will participate in.**

**WHAT SPORTS WILL YOU BE PARTICIPATING IN DURING THE 2011-2012 SCHOOL YEAR?**

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

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.**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
PAHS Athletic Director Date

\_\_\_\_\_  
Daytime Phone Evening Phone