CURTIS SENIOR HIGH SCHOOL ATHLETIC CHECK LIST

Sport _____

☐ MALE ☐ FEMALE

Name _____ Age _____

Address _____ Date of Birth _____

_____

Grade _____ School Last Attended _____

****NOTE:**** This form needs to be completed **ONCE PER SCHOOL YEAR for students participaling in sports. Parents must sign all places where signature is required.** All forms must be completed before being presented to the Student Center Office where you will receive your sports clearance form, upon completion, which will authorize you to try out for your chosen activity. All forms must be turned in **BEFORE** the first day of your sport's season. Forms will NOT be accepted on the first day of turn outs. **ALL fines must be cleared. NO EXCEPTIONS.**

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Required Forms:

- **ASB Activity Card (Cost is $40.00)**
- **Student Cleared of all Fines**
- **Student Athletic Participation Agreement**
- **Two Completed Emergency Forms**
- **Student Physical Health Report**
- **School Insurance (See Below)**

--For Office Use Only--

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All student athletes are required to purchase student accident insurance which is made available through the University Place School District **unless they document evidence of insurance that provides comparable coverage for the student on the waiver below.** Student athletes must either purchase the school insurance, which is available in the Curtis Junior High School office, **OR** have their parent/guardian sign the insurance waiver statement. Forms and information on student accident insurance are available in the office for athletic participants. **Insurance Check** must be made out directly to the insurance company and mailed in the insurance envelope.

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INSURANCE WAIVER STATEMENT

(Required, if NOT purchasing school insurance)

Student's Name _____
(Please Print) Last First Middle Initial

I decline the Student Health Insurance Plan for the current academic year because I have coverage through my own or my family's membership in the following group or private policy:

Name of Insured _____ Relation to Student _____

Name of Insurance Company or Group _____

I fully understand that I am legally responsible for any medical expense incurred during participation in an interscholastic program.

Date _____ **Parent Signature** _____