



Student Name _____
Grade _____ School Year 2022-2023

Gaston School District Athletic Clearance Form

SPORTS INFORMATION (check all that apply)

_____ Football _____ Volleyball _____ Basketball
_____ Baseball _____ Softball _____ Track

Fees: **High School**
\$125 1st sport
\$75 2nd sport
\$25 3rd sport
Fees: **Junior High**
\$50 per sport
Family Cap - \$300

INSURANCE INFORMATION

Email, vandykes@gastonk12.org a photo of the front and back of the student's insurance card

My athlete is covered by _____
(Name of insurance company)

Policy Number _____ Group Number _____
(The school must have a copy of a student's current insurance card)

If your student needs to obtain insurance please reach out to the school for more details.

HEALTH INFORMATION

In order to confirm the health status of your student the following information is required on the OSAA physical forms that are available in the office or online at www.osaa.org

1. Has he/she had any serious accidents or injuries during the past year? Yes No
2. If yes, briefly describe the nature of the accident or injury _____

STUDENT INFORMATION

(optional)

Shoe Size _____ Shirt Size _____ Pant Size _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I, the parent/guardian of _____ give my permission for him/her to receive
(Student's full name)
medical care and/or treatment when needed in a situation where I am not available.

Signature of Parent/Guardian Printed name Date

Home Phone Cell Phone Work Phone

Emergency Contact (**OTHER THAN PARENT**) Phone