



ATHLETIC CLEARANCE PACKET COVER PAGE

**PLEASE FOLLOW CHECKLIST BELOW:
COMPLETE & SIGN ALL FORMS (PARENT & ATHLETE)**

_____ **PHYSICAL EXAM FORM – MEDICAL HISTORY COMPLETED
WITH PARENT & ATHLETE SIGNATURES**

_____ **PHYSICAL EXAM FORM – COMPLETED BY MEDICAL
DOCTOR AND SIGNED TO VERIFY ATHLETIC
PARTICIPATION CLEARANCE**

_____ **INSURANCE VERIFICATION FORM - SIGNED BY PARENT
(COPY OF INSURANCE CARD ATTACHED!!)
IMPORTANT! IF UNINSURED, INSURANCE CAN BE PURCHASED THROUGH
MYERS-STEVENS INSURANCE CO. – BROCHURE AVAILABLE IN ATHLETIC OFFICE**

_____ **CUSD ATHLETIC CODE OF HONOR – SIGNED BY PARENT &
STUDENT**

_____ **SCHS INFORMED CONSENT- SIGNED BY PARENT & STUDENT**

PLEASE DON'T FORGET TO ATTACH COPY OF INSURANCE CARD!!

FALL

WINTER

SPRING

SPORT:

This Section for Office Use Only	GPA			ASB CARD	EQUIPMENT CLEARANCE	FALL	WINTER	SPRING

ATHLETIC/ACTIVITY CLEARANCE FORM

Please print, and press firmly.

Student's/Athlete's Last Name First Middle Initial Date of Birth Grade Home Phone

Address Parent's Work Phone

Emergency Contact #1 Phone Emergency Contact #2 Phone

Relationship of Above Person to Student/Athlete Relationship of Above Person to Student/Athlete

PARENT'S OR GUARDIAN'S CONSENT: Participation in Capistrano Unified School District's approved activity program is voluntary. My child and I agree to abide by CUSD/CIF rules. I hereby give my consent for the above-named student/athlete to compete in a CUSD approved activity program such as sports, marching band, pep squad, etc., and travel with the school representative on necessary school trips. **I realize that there may be a risk of serious injury from participation in school sports and related activities.** It is understood that the school district, the student body, and/or any of the employees are not financially responsible in case of an accident or injury.

EMERGENCY TREATMENT AND CLASSROOM DISMISSAL CONSENT: In the event of an accident or emergency, I give permission for the school authorities to transport my child to any available doctor or hospital, or request their services. (If you do not give permission, please advise on the line below as to what action you would like taken.)

TRAINER CONSENT: I give my permission to the athletic trainer or other district personnel to administer first aid, follow-up treatment, and rehabilitation when appropriate in his or her professional judgment as approved by the consulting physician.

CLASSROOM DISMISSAL CONSENT: The student/athlete may miss instructional time on the day of the event.

PHYSICAL FITNESS CERTIFICATION: I hereby certify that the above-named student/athlete was given a general physical examination, and, based on that examination, no illness or impairments were found which should prevent him or her from engaging in a programmed school activity.

Special instructions, conditions, allergies, etc.

INSURANCE CERTIFICATION: I hereby certify that the above-named student/athlete is covered by health/accident insurance which provides protection for accidental bodily injury as required by the Education Code for participation in an approved school activity during the _____ school year.

The above-named student/athlete is covered for an approved activity program under our family health/medical plan.

Name of Insurance Company Policyholder Policy Number

I have purchased a school insurance plan. NO YES (If you have not purchased a school insurance plan, please provide a copy of your child's health card or other proof of insurance.)

DROPPING A SPORT: After a team has been selected (team roster: day of first contest), an athlete must receive coach's approval before he or she drops the sport. If the athlete does not get approval, he or she may not start another sport until that sport season is concluded.

RETURN/REIMBURSEMENT: I agree to return or reimburse my child's school for any equipment not returned in good condition at the completion of each season of activity.

TRANSFER ELIGIBILITY: Is this a transfer student? NO YES _____
School Last Attended

Signature of Parent or Guardian Indicates Agreement with ALL of the Above Items. Date

WHITE COPY	GREEN COPY	YELLOW COPY	PINK COPY	GOLDENROD COPY
Advisor or Athletic Director	Spring Sport	Winter Sport	Fall Sport	Athletic Trainer

Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
Last First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____/_____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Normal

Abnormal Findings

Initials*

MEDICAL

Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

Clearance

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- _____
- _____
- Not cleared for: _____ Reason: _____
- Recommendations: _____
- _____
- _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

Physician's Name and Address (stamp or print)

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group

Examiner's Signature

Date

Examiner's Telephone Number

NOTE: History and Consent Must be Completed Prior to Physical Examination

**CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLECTIC INSURANCE VERIFICATION 2010-11**

California Law, Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least \$1500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage. If you **have** the \$1500, accidental bodily injury insurance, please fill out **ITEM 1** below. If you **do not have** accidentally bodily injury benefits for your son, daughter, or ward, please fill out **ITEM 2** below.

ITEM 1 The athlete **has** accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits.

ATHLETE'S NAME

PARENT/GUARDIAN SIGNATURE

PROOF OF INSURANCE IS REQUIRED

PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE

ITEM 2 The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY & CO., INC. APPLICATION

ATHLETE'S NAME

Listed are the appropriate fees for accidental bodily injury insurance with MYERS-STEVENSON TOOHEY & CO., INC.

PREFERRED PROVIDER

	LOW OPTION	MID OPTION	HIGH OPTION	
INTERSHOLASTIC TACKLE FOOTBALL 9-12 GRADES	\$206.00	\$254.00	\$262.00	ENTER AMT HERE \$ _____

	LOW OPTION	MID OPTION	HIGH OPTION	
ALL OTHER SPORTS P-12 GRADES SCHOOL TIME ACCIDENT INSURANCE	\$48.00	\$59.00	\$62.00	ENTER AMT HERE \$ _____

	LOW OPTION	MID OPTION	HIGH OPTION	
24 HOUR ACCIDENT	\$197.00	\$248.00	\$260.00	ENTER AMT HERE \$ _____

	LOW OPTION	HIGH OPTION	
DENTAL	\$20.00	\$17.00 (If purchase w/another plan)	ENTER AMT HERE \$ _____

We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested. (Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)

Parent/Guardian Signature

Date

**SAN CLEMENTE HIGH SCHOOL
INFORMED CONSENT AND
AWARENESS OF SPORT'S INJURY RISK**

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligations of parents/guardians and students in making this choice to participate cannot be overstated.

By granting permission to your son/daughter to participate in athletic competition a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include, but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we parent/guardian and player recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact the athletic director or school administrator for further information.

We have read and understand the information above and I give permission to my son/daughter _____ to participate.

Parent/Guardian's name _____
(printed)

Parent/Guardian's signature _____ Date _____

Athlete's signature _____ Date _____