CAPISTRANO VALLEY HIGH SCHOOL 2021-22 ATHLETIC CLEARANCE CHECKLIST

1. Visit www.athleticclearance.com	9. Section #2: Medical History.
2. Review the tutorial video for a quick reference instructional guide.	COMPLETE all required fields 10. Section #3: Parent/Guardian Information COMPLETE all required fields
3. CREATE an account. Click the "register" link to start an account. Provide a valid email address & password. Note: It's important that you include a valid email address because email verification is required prior to registration.	11. Step #4: Signatures a. Parent/Guardian Signature: Initial all forms b. Student Signature: Initial all forms c. Click SUBMIT
4. Once you create an account you will receive a code (via email or on screen). Enter this code to continue the process. If the email is not in your inbox, make sure you check your junk or spam folder. After you click on the link, you will be able to start the clearance process.	12. You will receive an email that you must print out and sign, verifying each form you have given consent to. Please return the signed consent form only to the Athletic Trainers office to acknowledge the completion of the online process. The athletic trainers office will "clear" each student online and a
5. Now LOGIN at www.athleticclearance.com using the username & password you created via the instructions above. 6. SELECT the "New Clearance" button (upper	confirmation email will be sent. -Multiple Sport Athletes- Once you complete registration, you can select more than 1 sport when the choices are made available, thus saving time for multiple sport athletes.
left corner) to get started. 7. SELECT the year 2021-2022, Capistrano Valley High School, and also your first season sport. 8. Section #1: Student Information	-Transfer Students- Each CIF section requires special forms when a student is transferring from one school to another. Make sure you are adhering to all of the eligibility and transfer rules. The online athletic clearance process may not be the only forms you are
a. COMPLETE all required fields. b. INSURANCE- All athletes are required to have insurance. (If you would like to obtain insurance, please visit myers-stevens.com) Note: You MUST upload your physical form. You will need to scan/take picture of the form and then upload it from your own PC. Please keep your original physical form for your own records.	required to complete.

CAPISTRANO UNIFIED SCHOOL DISTRICT

SPORTS: (Please check all that apply) **Physical Clearance Form** o Softball o Girls Water Polo o Boys Tennis o Cross Country o Girls Tennis o Surfing o Lacrosse Boys Golf Football o Girls Volleyball o Basketball o Wrestling Track o Girls Golf o Boys Water Polo o Baseball Swimming o Boys Volleybali Soccer __Grade in 2021-22 _____Male ____ Female ____ Date of Birth ___/ _/__ _____City & Zip Code______Phone_____ _____Cell phone ___ ____Work phone___ Father/Guardian Mother/Guardian___ Phone____ _____Insurance__ ***I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated. *SIGNATURE OF PARENT/GUARDIAN* Date HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM <u>Yes</u> No <u>Yes</u> No Any past or present: Problems with vision Surgeries Dental problems Eyeglasses Reaces Contacts Problems with hearing False teeth Painful joints Hearing aid. Blacking out or fainting Broken bones Body part,date_ Unconsciousness Convulsions, Knee or ankle problems seizures Require support/brace Heart problems Need for medication Name Menstruation problems Rheumatic fever Hernias Bleeding disorders Asthma **Blood sugar problems** OTHER HEALTH ASPECTS THE DOCTOR Hypoglycemia AND SCHOOL SHOULD BE AWARE OF: Diabetes Allergies-type Bee or insect stings Hospitalizations Any history of chest pain with exercise? Any history of "racing" heart or skipped beats? Do you experience passing out, near passing out or unexpected tiredness during exercise? Any family history of sudden cardiac death in afamily member under the age of 50? Any family history of Marfan's syndrome Or prolonged QT syndrome? Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma? Any history of recent severe viral illness, infectious mononucleosis, or hepatitis? Any history of the following: absence of one kidney? males: absence of one testicle? Any history of blindness in one eye? Any current active skin infection? PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner) HEIGHT WEIGHT PULSE: AFTER ACTIVITY_ ORTHOPEDIC **EYES** THROAT ABDOMEN HERNIA SKIN **EARS** LYMPH GLANDS OTHER THYROID POSTURE TEETH BRACES HEART MUSCLE TONE LUNGS REFLEXES NOSE Special doctor recommendations or restrictions I have examined the above student and do recommend that he/she is physically fit for full participation in sports. (Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER) Name of physician ______M.D/DO/PA/NP Date ______ **Physician's Office Stamp** Phone__

Student athletes will not be cleared to participate in sports until this physical AND the online account for the 2021-2022 has been completed at athleticclearance.com.

Sports Physicals

No appointment necessary—Walk Ins Welcome

\$40

South Coast Medical Group will donate

\$20

of this fee will back to your schools athletic department.





Aliso Viejo, 5 Journey Suite 130 (next to the library)
949-389-8969
Mon-Fri 8am to 7pm

Sat. 9am to 3pm Sun. 10am to 3pm

www.ocfamilydocs.com

Name:	School <u>Capo Valle</u>	y HS Sport to donate to:		
Parent Guardian Name:	Contact Phone N	Contact Phone Number		
Address:	City	Zip:		
l authorize South Coast	: Medical Group and it's associates to per	form a sports physical on my child		
Parent Guardian	Signature	Date		