



ALISO NIGUEL HIGH SCHOOL



2020-21 ATHLETIC CLEARANCE CHECKLIST

- 1. Visit www.athleticclearance.com
- 2. **Review** the tutorial video for a quick reference instructional guide.
- 3. **CREATE or LOG INTO existing account.** If creating account for the first time click the link “register” under “Forgot Password” to create 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.
- 4. Once you have entered your information press submit a page will pop up with a code. Enter this code to continue the process.
Once you submit code you will be able to start the clearance process.
- 5. **SELECT** the “New Clearance Here!” button (upper left corner) to get started.
- 6. **SELECT** the year **2020-21**, Aliso Niguel High School, and also your **first season sport**.

*Note: **Multiple Sport Athletes:** If you think you will participate in other sports during the year you will have the option of choosing other sports after completion of Step #4*

- 7. **Step #1: Student Information**
 - a. **COMPLETE** all required fields.
 - b. **STUDENT ID:** not required
 - c. **INSURANCE-** All athletes are required to have insurance. *(If you would like to obtain insurance, please contact the athletics office for a list of resources.)*

- 8. **Step #2: Medical History.**

COMPLETE all required fields:

- a. **Physical Form:** upload a scan/picture from either your computer or from Documents Library
- b. **Proof of insurance:** upload a scan/picture from either your computer or your Documents Library

Note: If you need to come back at a later time to upload documents, scroll down and select save to move onto next step.

- 9. **Step #3: Parent/Guardian Information**

COMPLETE all required fields

- 10. **Step #4: E-Signatures**

- a. **Parent/Guardian Signature:** Initial all forms
- b. **Student Signature:** Initial all forms
- c. Click **SUBMIT**

- 11. Upon **completion** of all steps the

Registration Confirmation Sheet will pop up. You will need to print out, sign and email a scan/picture to our Athletic Trainer Lauren Mott at lemott@capousd.org
Only 1 needs to be sent per athlete not all sports.

Note: multiple sport athletes can select additional sports down at the bottom of the sheet and then press “submit”.

Note: You will also receive this in an email from the [Athletic Department](#), check your spam if it does not appear in your inbox.

****To be cleared by the athletic office****

- Complete **all** online registration steps
- Upload physical and insurance card
- Email a scan/picture of signed Registration Confirmation sheet to lemott@capousd.org

YOU WILL NOT BE CLEARED TO PARTICIPATE IN SPORTS UNTIL ALL OF THESE DOCUMENTS HAVE BEEN PROVIDED

-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.

CAPISTRANO UNIFIED SCHOOL DISTRICT

Physical Clearance Form

SPORTS: (Please check all that apply)

- o Cross Country o Girls Tennis o Surfing o Girls Water Polo o Softball o Boys Tennis o Lacrosse
o Football o Girls Volleyball o Basketball o Wrestling o Boys Golf o Track
o Girls Golf o Boys Water Polo o Soccer o Baseball o Swimming o Boys Volleyball

Name _____ Grade in 2020-21 _____ Male _____ Female _____ Date of Birth ____/____/____
Address _____ City & Zip Code _____ Phone _____
Father/Guardian _____ Work phone _____ Cell phone _____
Mother/Guardian _____ Work phone _____ Cell phone _____
Emergency Contact _____ 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

Table with columns: Any past or present, Yes, No. Rows include: Problems with vision, Surgeries, Bleeding disorders, Menstruation problems, Allergies, etc.

PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner)

HEIGHT _____ WEIGHT _____

PULSE: RESTING _____ AFTER ACTIVITY _____ B.P. _____

Table with 3 columns: EYES, EARS, TEETH, BRACES, NOSE; THROAT, LYMPH GLANDS, THYROID, HEART, LUNGS; ABDOMEN, HERNIA, POSTURE, MUSCLE TONE, REFLEXES; ORTHOPEDIC, SKIN, OTHER.

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

Signature _____ Phone _____

Student athletes will not be cleared to participate in sports until this physical AND the online account for the 2020-2021 has been completed at athleticclearance.com.

CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE VERIFICATION

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you have at least \$1500, accidental bodily injury insurance, please fill out ITEM 1 below **(medical card required)**.
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

ITEM 1 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 APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

ATHLETE'S NAME

INTERSHOLASTIC
TACKLE FOOTBALL
9-12 GRADES

(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)

FULLTIME (2417) SCHOOL TIME
ACCIDENT PLAN

(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL) DENTAL PLANS

(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)

*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
