

CAPISTRANO UNIFIED SCHOOL DISTRICT

ALISO NIGUEL HIGH SCHOOL ATHLETIC CLEARANCE

All student-athletes competing or trying out in a sport for the 2017-2018 school year must be cleared through www.athleticclearance.com and through a physician, physician's assistant or nurse practitioner evaluation. Please read the following information carefully and in detail in order to complete and clear your student-athlete.

TO ALL PARENTS/GUARDIANS & STUDENTS OF CUSD:

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District offers voluntary participation in a wide range of interscholastic athletic teams. Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior. Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. *We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition.* We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, and complete the online athletic clearance process on www.athleticclearance.com. **THE INFORMATION IS MANDATORY AND MUST BE COMPLETELY FILLED OUT PRIOR TO ANY STUDENT'S PARTICIPATION IN ATHLETIC ACTIVITIES (INCLUDING TRY-OUTS)** at CUSD High Schools. We appreciate your support and thank you for your cooperation.

HIGH SCHOOL ATHLETIC SPORT SEASONS

<u>FALL (AUG-NOV)</u>	<u>WINTER (NOV-FEB)</u>	<u>SPRING (FEB-MAY)</u>
CROSS COUNTRY (boys/girls)	BASKETBALL (boys/girls)	BASEBALL
FOOTBALL	SOCCER (boys/girls)	SOFTBALL
GIRLS GOLF	GIRLS WATER POLO	BOYS GOLF
GIRLS TENNIS	WRESTLING (not at SJHHS)	SWIMMING (boys/girls)
GIRLS VOLLEYBALL		BOYS TENNIS
BOYS WATER POLO		TRACK (boys/girls)
SURFING (boys/girls) Year-round		BOYS VOLLEYBALL
PEP SQUAD Year-round		LACROSSE (boys/girls)

ELIGIBILITY REQUIREMENTS

- 1) **SCHOLASTIC:** all athletes must have passed 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation of no more than one semester if his or her semester GPA falls below a 2.0. Students granted probationary eligibility must meet the required standard by the end of the probationary period in order to remain eligible for participation.
- 2) **RESIDENTIAL:** all athletes must reside in the appropriate CUSD high school attendance area in a bona fide residence with their parents or legal guardian (s). All transfers to CUSD high schools must call that school's Athletic Director and complete appropriate paperwork.
- 3) **MEDICAL EXAMINATION:** each athlete must have a physical exam by a qualified physician (MD, DO, NP, or PA) on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.
- 4) **INSURANCE:** all athletes must have a **copy** of a medical insurance card on file **before** participation. Myers-Stevens Insurance is available for those that need or would like additional insurance coverage. Information is available in the Main Office of the school or by calling Myers-Stevens and Toohey at (949) 348-0656 or (800) 827-4695.



ALISO NIGUEL HIGH SCHOOL

2017-18 ATHLETIC CLEARANCE CHECKLIST



- 1. Visit www.athleticclearance.com

- 2. **Review** the tutorial video for a quick reference instructional guide.

- 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.

- 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.

- 5. Now **LOGIN** at www.athleticclearance.com using the username & password you created via the instructions above.

- 6. **SELECT** the “New Clearance” button (upper left corner) to get started.

- 7. **SELECT** the year **2017-2018**, Aliso Niguel High School, and also your **first season sport**.

*Note: **Multiple Sport Athletes:** You will have the option of choosing other sports at the completion of filling out all of your information.*

- 8. **Section #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.)*

Note: You can upload a scan/picture of your insurance card and doctor’s physical in this step.

- 9. **Section #2: Medical History.**
COMPLETE all required fields

- 10. **Section #3: Parent/Guardian Information**
COMPLETE all required fields

- 11. **Step #4: E-Signatures**
 - a. **Parent/Guardian Signature:** Initial all forms
 - b. **Student Signature:** Initial all forms
 - c. Click **SUBMIT**
(multiple sport athletes will select additional sports)

- 12. You will see a registration confirmation signature sheet that you will need to print out, sign and scan/take a picture of and email to lemott@capousd.org

-To be cleared by the athletic office:- Once registered online and you have uploaded your insurance card picture and scan/picture of your physical, you **MUST** email a picture/scan of the signature confirmation message that has been signed by parent/guardian and athlete. **YOU WILL NOT BE CLEARED UNTIL YOU PROVIDE ALL OF THESE DOCUMENTS TO** lemott@capousd.org

-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 required to complete.

**CAPISTRANO UNIFIED SCHOOL DISTRICT
2017-2018 ATHLETIC CLEARANCE PACKET**

SPORTS: (fall) _____ (winter) _____ (spring) _____

Name _____ Grade in 2017-18 _____ 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

Any past or present:	Yes	No		Yes	No
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	Braces	_____	_____
Problems with hearing	_____	_____	False teeth	_____	_____
Hearing aid.	_____	_____	Painful joints	_____	_____
Blacking out or fainting	_____	_____	Broken bones	_____	_____
Unconsciousness	_____	_____	Body part, date _____	_____	_____
Convulsions,	_____	_____	Knee or ankle problems	_____	_____
seizures	_____	_____	Require support/brace	_____	_____
Heart problems	_____	_____	Need for medication	_____	_____
			Name _____		
Rheumatic fever	_____	_____	Menstruation problems	_____	_____
Bleeding disorders	_____	_____	Hernias	_____	_____
Blood sugar problems	_____	_____	Asthma	_____	_____
Hypoglycemia	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR		
Diabetes	_____	_____	AND SCHOOL SHOULD BE AWARE OF:		
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 a family 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: DATE _____ HEIGHT _____ WEIGHT _____

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

EYES	_____	THROAT	_____	ABDOMEN	_____	ORTHOPEDIC	_____
EARS	_____	LYMPH GLANDS	_____	HERNIA	_____	SKIN	_____
TEETH	_____	THYROID	_____	POSTURE	_____	OTHER	_____
BRACES	_____	HEART	_____	MUSCLE TONE	_____		
NOSE	_____	LUNGS	_____	REFLEXES	_____		

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 _____

Signature _____ Phone _____

****Physician's Office Stamp****

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

INTERSCHOLASTIC
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

Sports Physicals

No appointment necessary—Walk Ins Welcome

\$40

South Coast Medical Group
will donate

\$20

of this fee back to
Aliso Niguel Athletics

**Support
Your Team**



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: _____ Consent / Patient Info
School: _____ Sport to donate to: _____

Parent Guardian Name: _____ Contact Phone Number: _____

Address: _____ City: _____ Zip: _____

I authorize South Coast Medical Group and it's associates to perform a sports physical on my child.

Parent Guardian Signature

Date

******Any minor not accompanied by a parent / guardian must have this form signed**