

# CAPISTRANO VALLEY HIGH SCHOOL

## 2020-21 ATHLETIC CLEARANCE CHECKLIST

☐ 1. Visit [www.athleticclearance.com](http://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](http://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 **2020-2021**, Capistrano Valley High School, and also your **first season sport**.

☐ 8. **Section #1: Student Information**

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](http://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.*

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

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

☐ 11. **Step #4: Signatures**

a. **Parent/Guardian Signature:** Initial all forms

b. **Student Signature:** Initial all forms

c. Click **SUBMIT**

☐ 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 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.

**-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.



**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	

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_

**\*SIGNATURE OF PARENT/GUARDIAN\*** \_\_\_\_\_ **Date** \_\_\_\_\_

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	<i>Braces</i>	_____	_____
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 <i>both</i> 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?					

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

**Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

# 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.

**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](http://www.ocfamilydocs.com)

Consent / Patient Info

Name: \_\_\_\_\_ School: **Capo Valley HS** 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**