



Acalanes Union High School District Athletic Clearance Form

**COMPLETE & PRINT ONE COPY OF THIS PAGE, SUBMIT TO DOCTOR.
AFTER DOCTOR'S SIGNATURE, SUBMIT STAMPED FORM TO A.D. .**

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Date: _____ Student's Name: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Student ID#: _____
(Full Name of School)

Home Address: _____ Phone: _____

Sport: THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY EXCLUDED.

All sections of this form, must be completed and turned in to the Main Office BEFORE THE STUDENT CAN BE ISSUED EQUIPMENT, PARTICIPATE IN PRACTICE, OR COMPETE IN CONTESTS. Failure to do so can result in the loss of eligibility. PRE-PARTICIPATION MEDICAL EXAMINATION AND CLEARANCE THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY EXCLUDED AND IS VALID THROUGH JUNE OF THE CURRENT SCHOOL YEAR.

Height: _____ Weight: _____ Date of Birth: _____ Sex: _____ Date of Physical: _____
Vision: R 20/____ L 20/____ Corrected: Y or N

Medical Examination	Normal	Abnormal Findings Please describe and explain findings
Appearance:		
Eyes/Ears/Throat:		
Lymph Nodes:		
Heart:		
Pulse:		
Lungs:		
Abdomen:		
Genital (males only):		
Skin:		
Neurological:		
Neck:		
Back:		
Shoulders/Arms:		
Elbow/Forearm:		
Wrists/Hands:		
Hips/Thighs:		
Knees:		
Legs/Ankles:		
Feet:		
Head/Skull:		
History Please explain any medical history regarding the student or their family that might impact the student's ability to participate in any activity:		

PHYSICIAN'S STATEMENT: MUST BE DATED JULY 1 OR LATER TO BE VALID.

I hereby certify that the above named student was examined by me on _____ 20____ and found physically fit to engage in sports.

NOTE: PHYSICAL MUST BE VALID THROUGH THE FIRST WEEK OF JUNE 2016.

Physician's stamp and date must be placed here

ONLY A PHYSICIAN OR SURGEON DULY AND CURRENTLY LICENSED IN THE STATE OF CALIFORNIA MAY EXECUTE THIS FORM.

Physician Signature _____ Date _____



Acalanes Union High School District - Online Registration Sports Summary

Date: _____ Student's Name: _____
 _____ (Last) _____ (First) _____ (Middle)
 School: _____ Grade: _____ Student ID#: _____ Gender: _____
 (Select or Enter Full Name of School)

Check any Sport(s) in which the student plans participation:					
Sport(s):	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Diving
Sport(s):	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball
Sport(s):	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Water Polo
Sport(s):	<input type="checkbox"/> Weight Training	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Other - Describe: _____		

Parent (Guardian) Name: Last _____ First _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Parent (Guardian) Name: Last _____ First _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Parent (Guardian) email address: _____
 Emergency Doctor: _____ Phone: _____
 Insurance Carrier: _____ Insurance ID# _____

School district protocols require each parent to provide the school with emergency information concerning the person(s) authorized by the parents to take care of their student in case of illness or emergency. **"If I cannot be reached, the following persons have my permission to care for and/or authorize medical or surgical services for my child. In an emergency due to serious illness or accident, when we cannot be contacted, the school authorities have our permission to use their best judgment in the interest of our child's health."**

Emergency contact #1: _____ Relationship: _____
 Daytime phone: _____ Cell phone: _____
 Emergency contact #2: _____ Relationship: _____
 Daytime phone: _____ Cell phone: _____

All student athletes and their Parents agree to the following regarding participation according to the AUHSD, NCS, and CIF policies:

- Ejection Policy:**
1. Ejection of a player for a contest for unsportsmanlike or dangerous conduct from a contest during the season. First Offense: The player shall be ineligible for the next contest.
 2. Second Offense: The player shall be ineligible for the remainder of the season
 3. Failure to abide by the suspension: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.

Conditions of Participation:
 As a condition of membership in the California Interscholastic Federation (CIF), all AUHSD schools have adopted policies prohibiting the use and abuse of androgenic/anabolic steroids.

Concussion Information:
 All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. All AUHSD schools have adopted policies in support of the CIF Bylaw 313.

- Academic/Attendance Regulations:**
1. I understand I must maintain satisfactory grades with a minimum GPA of 2.0 on my last report card and remain on track for graduation per district and NCS policy. I understand I am ineligible to compete if my most recent report card is below a 2.0 GPA without completing a district approved academic appeal.
 2. Maintain a satisfactory record of conduct, citizenship, and attendance in order to remain eligible.
 3. Attend school the day of contests. (Student must attend more than half his/her scheduled periods, or the athlete is not permitted to play that day. Only the principal can make exceptions.) If the event is on Saturday the student must attend on Friday. Dress and Participate in P.E. if enrolled, to play or practice that day.

Disciplinary Regulations:
Athletes are prohibited from using or possessing tobacco, androgenic/anabolic steroids, alcohol, or any illegal drugs or narcotics during their season of sport. Infractions of these rules will result in the loss of privilege to participate in athletic activities for **up to 25 school days (AR 6145)**. Sale will result in a recommendation for expulsion from school as well. First time offenders of this policy may be given the opportunity to reduce the athletic suspension period by completing an intervention plan (see the Rules and Regulations form for details).

The participating student-athlete and the parent/guardian hereby agree to the above policies.

As an athlete, I am aware that being part of a team is a Privilege and I am expected to abide by the rules and regulations regarding Eligibility, Citizenship, Sportsmanship and Behavior and Sanctions for Infractions. I understand and accept that athletes will be suspended and removed from the team for infractions of the rules and expectations that occur during and school activity and may be removed from the team for substantiated infractions outside of school. I stipulate that both student-athlete and parent, legal guardian/caregiver have read and signed this form.

Student/Athlete Signature _____ Parent/Guardian Signature _____

Please do not forget to make your Athletic Participation Donation. AUHSD Athletics are dependent on your generosity!

For District use only: Physical on file Yes ___ No ___ Volunteer Driver Yes ___ No ___