

# CAPISTRANO VALLEY HIGH SCHOOL

## 2022-23 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 **2022-2023**, 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)

Physical Clearance Form

- 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 2022-23 \_\_\_\_\_ 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, Yes, No. Rows include: Problems with vision, Surgeries, Dental problems, Braces, False teeth, Painful joints, Broken bones, Body part, date, Knee or ankle problems, Require support/brace, Need for medication, Name, Menstruation problems, Hernias, Asthma, OTHER HEALTH ASPECTS THE DOCTOR AND SCHOOL SHOULD BE AWARE OF.

PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner) HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PULSE: RESTING \_\_\_\_\_ AFTER ACTIVITY \_\_\_\_\_ B.P. \_\_\_\_\_

Table with 4 columns: 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 \_\_\_\_\_

\*\*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 2022-2023 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.

**Support  
Your Team**



Family Care  Urgent Care  
Sports Care

**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)

Name: \_\_\_\_\_ Consent / Patient Info  
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**