

**SPORTS:** *(Please check all that apply)*

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

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

Date \_\_\_\_\_

| <u>Anv 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 afamily 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?  |            |           |                                 | _____      | _____     |
| ny history of blindness in one eye?  |            |           |                                 | _____      | _____     |
| Any current active skin infection?   |            |           |                                 | _____      | _____     |

(Physician/Physician's asst/Nurse Practitioner)

AND the online account for 2023-2024 have been completed at [athleticclearance.com](http://athleticclearance.com)



# ALISO NIGUEL HIGH SCHOOL ATHLETIC CLEARANCE CHECKLIST



☐ 1. Visit [www.homecampus.com](http://www.homecampus.com) and in the upper right corner select "For Parents & Students"

☐ 2. **CREATE an account** and provide a valid email address & password. If you already have an account please log in.

*Note: It's important that you include a valid email address as email verification is required prior to registration.*

☐ 3. **SELECT** the "Start Clearance Here!" button (upper right corner) to get started.

☐ 4. **SELECT** Aliso Niguel High School, the year **202 -2** , and all the sports your athlete plans to participate in.

☐ 5. **Step #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 contact the athletics office for a list of resources.)*

☐ 6. **Step #2: Parent/Guarding Information**  
a. **COMPLETE** all required fields.  
b. Make sure all emails and phone numbers are valid.

☐ 7. **Step #3: Medical History.**  
a. **COMPLETE** all required fields:

☐ 8. **Step #4: E-Signatures**  
**\*Read and Sign All Documents**  
a. **Parent/Guardian Signature:** Sign all forms the exact way you filled in your name under Parent/Guardian Information.  
b. **Student Signature:** Sign all forms the exact way you filled in your athletes name under the student Information.

☐ 9. **Step #5: Files**

a. **Physical Form:** upload a scan/picture of physical performed within the last year.

b. **Proof of insurance:** upload a scan/picture of Insurance Card.

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

☐ 10. 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 Clearance Coordinator Lauren Mott at [lemott@capousd.org](mailto:lemott@capousd.org)

*Note: You will also receive this in an email from Home Campus, 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 page to [lemott@capousd.org](mailto: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.