CAPISTRANO UNIFIED SCHOOL DISTRICT

SPORTS: (Please check all that apply) **Physical Clearance Form** Softball Cross Country o Girls Tennis o Surfing o Girls Water Polo Boys Tennis o Lacrosse Boys Golf Track Football Girls Volleyball Wrestling Basketball Swimming o Girls Golf Boys Water Polo o Soccer o Baseball o Boys Volleyball _Grade in 2023-2024 _____Male____ Female Date of Birth / / Name_ ____City & Zip Code____ Phone Address_ ___Cell phone ___ Father/Guardian___ ____Work phone____ ____Work phone______Cell phone_____ Mother/Guardian___ Phone___ ____ Insurance __ Emergency Contact_ ***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* HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM <u>Yes</u> Any past or present: No. <u>Yes</u> <u>No</u> Problems with vision Surgeries **Dental problems** Eyeglasses Contacts **Braces** Problems with hearing False teeth Painful joints Hearing aid. 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 Menstruation problems Rheumatic fever Hernias Bleeding disorders Blood sugar problems Asthma OTHER HEALTH ASPECTS THE DOCTOR Hypoglycemia **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? Any history of blindness in one eye? Any current active skin infection? (Physician/Physician's asst/Nurse Practitioner) PHYSICAL EXAM: HEIGHT WEIGHT **PULSE:** RESTING AFTER ACTIVITY B.P. **EYES** THROAT ABDOMEN ORTHOPEDIC LYMPH GLANDS HERNIA SKIN **EARS** THYROID **POSTURE** OTHER TEETH **BRACES HEART** MUSCLE TONE LUNGS NOSE 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**

Student athletes will not be cleared to participate in sports until this physical AND the online account for 2023-2024 have been completed at athleticclearance.com

Phone



ALISO NIGUEL HIGH SCHOOL ATHLETIC CLEARANCE CHECKLIST



1. Visit www.homecampus.com and in the upper right corner select "For Parents & Students"	 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
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.	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
 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 	**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 YOU WILL NOT BE CLEARED TO PARTICIPATE IN SPORTS UNTIL ALL OF THESE DOCUMENTS HAVE BEEN PROVIDED
 a. COMPLETE all required fields. b. Make sure all emails and phone numbers are valid. 7. Step #3: Medical History. 	-Transfer Students- Each CIF section requires special forms when a student is transferring from one school tanother. Make sure you are adhering to all of the eligibility and transfer rules.
 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	

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way you filled in your athletes name under the

student Information.