

# Due prior to WCHS practice/tryouts!

## Online Athletic Registration Instructions

1. All athletes must register EVERY YEAR prior to summer practice or tryouts.
2. Go to [athleticclearance.com](http://athleticclearance.com)
3. Register for a new account if you do not have one. If you have previously used the site for another child in your family, a new account is NOT necessary. Login to your account.
4. Click on “Clearances”
5. Click on “New Clearance”
6. Select
  - Year: Select the current Academic year (Fall 2019 is the 19-20 school year)
  - School: West Covina (CIF-SS)
  - Sport: Select the 1<sup>st</sup> sport that your student wishes to try-out for this year. You may later submit clearance information for other sports.
7. Fill out all areas with your student.
  - Step 1 – Student Info
    - All fields must be filled out. You MAY scan and upload a completed copy of your physical form. Turn the hard copy into Coach Barnes in room C-1. The certification of the online signatures must be filled out.
  - Step 2 – Medical History
    - Answer as accurately as possible. In the case of an emergency, medical personnel will want as much information as possible.
  - Step 3 – Parent/Guardian Info
    - All fields must be filled out.
  - Step 4 – Signatures
    - Parent/Guardian is required to electronically sign all marked areas. Student is required to electronically sign all marked areas.
    - Myers Stevens Toohey Insurance is optional
8. After your information and completed physical is submitted, Coach Barnes will review and clear your student for participation. You will receive an email notification when cleared.

Return to Mr. Barnes in room C-1

# Physical Form

West Covina High School

\_\_\_\_\_  
Student's name (printed)

**Pre-participation Physical Evaluation**

- Cleared without restriction
- Cleared with recommendations for further evaluations/treatments for the following: \_\_\_\_\_  
\_\_\_\_\_
- Not cleared for any sports participation
- Cleared for specific sports only (list cleared sports): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's name (printed)

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Address of physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic or Doctor's office stamp required

## Certification of Online Signatures

I, \_\_\_\_\_, certify that a legal guardian of \_\_\_\_\_  
Parent/Guardian Name Student Name  
has completed all sections of the online clearance for West Covina High School to be best of  
their ability.

\_\_\_\_\_  
Parent/Guardian Signature

Note: WCHS will accept doctor generated physical paperwork, but the certification of online signatures must be signed and turned in also.