



TWO THINGS YOU MUST DO TO GET CLEARED FOR HERALD ATHLETICS

STEP ONE: FILL OUT THE CLEARANCE ONLINE FORM

1. Go to website: www.athleticclearance.com
2. Click on the California picture.
3. If you are a "returning family", enter your user name and password & login.
4. If you are a "new WCHS athlete", click on "Register" next to "Don't have an account?" and then create your account. WRITE DOWN AND REMEMBER YOUR USER NAME & PASSWORD.
5. Once in the system, click on "Start Clearance Here!"
6. Select the correct school year in the drop-down option.
7. Select "Whittier Christian" in the drop-down option.
8. Select the first sport you will play in the school year. NOTE: You will have the option to add other sports at the end of the registration. THEN CLICK "SUBMIT"
9. STEP 1: You will now enter all of the necessary student information. IF you have participated in Herald athletics before, you will be able to choose the student's name from the first drop-down menu. IF THE STUDENT IS NEW TO HERALD ATHLETICS...you will fill out everything from scratch.
10. You can download your Physical Form, OR you can email them to the Athletic Director, OR you can give the hard copy to the AD or the Head Coach.
11. STEP 2: Fill out the Medical History section by checking "yes or no" to all the required questions.
12. STEP 3: Parent/Guardian MUST fill out this section!
13. STEP 4: Parents AND Students must read and sign where appropriate in this section. There are forms to be clicked on and read. **Please make sure that the parent signs in the parent sections and the student signs in the student sections!
14. On the final page, you will have the option to select the other sports you will play during the school year. THE PARENT/GUARDIAN MUST CLICK ON THE FINAL AGREEMENT BOX, and then click "Submit".

STEP TWO: SUBMIT THE MEDICAL RELEASE FORM

1. Every athletic must have a CURRENT Medical Release form on file. **Doctor physicals are good for ONE YEAR only.** The physical can be done by your own family doctor or with the Herald team doctor, or at a medical clinic or doctor's office of your choice.
2. Below is the form that must be submitted either online (downloaded on the above site: athleticclearance.com) OR turned in to the Coach or Athletic Director.
3. If you are a RETURNING Herald athlete, you can email the Athletic Director to find out when the previous physical expires.

MEDICAL RELEASE

Whittier Christian High School 501 N. Beach Blvd., La Habra, CA, 90631

REQUIRED ONLY IF YOUR STUDENT PARTICIPATES IN SPORTS. *PHYSICALS ARE GOOD FOR ONE YEAR*

Student Name _____ D.O.B. (mm/dd/yy) ____/____/____ Grade ____

Last First M.I.

Street Address _____ Gender (circle) M F

City _____ State _____ Zip Code _____ Phone (____) _____

I hereby give my consent for my student to compete in sports at Whittier Christian High School. I authorize my student to go with and be supervised by a representative of the school on any trips. In case my student becomes ill or is injured, WCHS is authorized to have my student treated and I authorize the medical agency to render treatment.

****REQUIRED****

****REQUIRED****

Parent/Guardian (Print name) _____ Signature _____ Date _____

COMPLETED BY PARENT/GUARDIAN

Allergies? _____

Date of last tetanus shot? _____

*Info. Needed BEFORE your physical exam:

1. Has a doctor ever restricted your participation in sports before? Yes ___ No ___
2. Do you have any ongoing medical conditions (such as diabetes or asthma)? Yes ___ No ___
3. Do you cough, wheeze or have difficulty breathing during or after exercise? Yes ___ No ___
4. Have you ever passed out or nearly passed out during exercise? Yes ___ No ___
5. Has your heart ever skipped or raced during exercise? Yes ___ No ___
6. Have you ever had any significant joint sprains or ligament tears? Yes ___ No ___
7. Have you ever had any broken or fractured bones or dislocated joints? Yes ___ No ___
8. Have you ever been to the doctor or hospital for a head injury or concussion? Yes ___ No ___
9. Does anyone in your family have a history of heart problems? Yes ___ No ___
10. Have you ever had a seizure? Yes ___ No ___
11. Have you had any eye problems? Yes ___ No ___

COMPLETED BY PHYSICIAN

Height _____ Weight _____

Pulse _____ BP _____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
MUSCULOSKELETAL		
Neck/Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee/leg/ankle		
Foot/toes		

Physician Notes: _____

Does the student have an injury or physical condition that should be watched? (circle) Yes No

If yes, please list _____

- Cleared for all sports (including football) without restriction.
 Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain Sports: _____ Reason: _____

****REQUIRED****

****REQUIRED****

Physician Signature: _____ Date of Examination _____

Address: _____ Phone (____) _____

All WCHS Athletes MUST have a current Medical Release on file in order to participate in athletics