

ATHLETIC CLEARANCE

Quick steps for parents/students using the online athletic clearance process.

Prepared for:
Athletic Directors
Athletic Assistants
Parents/Students

Prepared by:
Home Campus

Updated: June 23, 2016

Online Athletic Clearance

1. Visit www.AthleticClearance.com
2. Watch quick tutorial video
3. **Register.** Parents register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact us to activate your account)
4. Login using your email address that you registered with
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Football in Sept 2016 would be the 2016-2017 School Year.*
Choose the School at which the student attends and will compete for.
Choose Sport
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms.
8. **Donate** to your athletic program or pay participation fees (private schools only).
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

Online Athletic Clearance FAQ

What is my Username?

Your username is the email address that you registered with.

Multiple Sports

Once you complete a clearance for one sport and arrive at the Confirmation Message, you will have the option to check off additional sports/activities for the current school year.

If you decide to participate in an additional sport/activity later on, you can access the multiple sport check boxes by clicking on "Print" under the Confirmation Message of your original Clearance for that specific year.

Physicals

The physical form your school uses can be downloaded on Step #1 or Student Info at the bottom of the page. Most schools will accept the physical online (done by uploading the completed form on Step #1) as well as turning in a hard copy to the athletic department.

Why haven't I been cleared?

Your school will review the information you have submitted and Clear or Deny your student for participation. You will receive an email when the student is cleared.

My sport is not listed!

Please contact your school's athletic department and ask for your sport to be activated.

NAME (last) _____ (first) _____ (m) _____ Grade _____

ADDRESS _____ Age _____ Date of Birth _____

City _____ Zip _____ Phone _____ Sex: M F

Physical Information: The following questions must be answered by the student and verified by the parent/guardian.

- | | | |
|--|-----|----|
| 1. Are you currently under physicians care for any reason? | YES | NO |
| 2. Are you currently taking any prescription medication? | YES | NO |
| 3. Are you allergic to any medication to the best of your knowledge? (ex. - Penicillin) | YES | NO |
| 4. Have you been knocked unconscious at any time during the past year? | YES | NO |
| 5. Do you need a tetanus booster (usually once every ten years)? | YES | NO |
| 6. Do you have only ONE working organ of a usually paired organ? (ex. only one ear, eye, kidney, lung) | YES | NO |
| 7. Do you know of, or believe there is, any health reason why you should not participate in interscholastic athletics? | YES | NO |

IF YES is the answer to any of the above questions, indicate the question number and give a brief explanation below.

No. _____ Explain _____

No. _____ Explain _____

PHYSICAL: Indicate in the space provided by each topic if there is a difficulty that should be noted.

TO BE COMPLETED BY DOCTOR:

BLOOD PRESSURE _____ URINE _____ EYES _____ HEIGHT _____ WEIGHT _____

ALLERGIES _____ EARS _____ HEART _____ TEETH _____ FALSE TEETH _____

LUNGS _____ SKIN _____ HERNIA _____ THROAT _____ THYROID _____

Additional remarks _____

DATE _____ Signature of Physician _____



DESERT MIRAGE HIGH SCHOOL ATHLETICS – STUDENT EMERGENCY CARD
 IF THERE IS A CHANGE IN THE INFORMATION, I WILL NOTIFY THE SCHOOL IMMEDIATELY

FOR OFFICE USE ONLY:
 Lunch: A B C
 ID# _____ Bus I.D. _____

Name _____ M ___ F ___ Grade ___ Room ___ Teacher _____
Last First Middle
 Language _____ Birthdate: ___/___/___ Birthplace: _____

Home Address: _____ Home Phone: _____
Street City State Zip

Mailing Address: _____ Zip: _____
City

Father/Guardian: _____ Occupation: _____ Work Phone: _____
 Mother/Guardian: _____ Occupation: _____ Work Phone: _____

IN THE EVENT OF AN EMERGENCY SITUATION WHERE MY CHILD IS UNABLE TO REMAIN IN SCHOOL AND I AM NOT AVAILABLE, I AUTHORIZE THE SCHOOL TO CONTACT AND IF NECESSARY RELEASE MY CHILD TO:

1st Emergency Contact _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Phone _____

2nd Emergency Contact _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Phone _____

Out of Area Contact _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Phone _____

Student is on medication: Yes No Medication: _____ Allergies to Medications: Yes No If yes, what kind: _____
 Any health problems: Diabetes Asthma Seizure Cardiac Allergies Other _____ Health Insurance _____

Physician: _____ Address: _____ Phone: _____

I authorize the disclosure of health information to school personnel as needed for the health & safety of my child

Siblings: _____
 1) _____ School _____ Grade _____ Age _____ 3) _____ Name _____ School _____ Grade _____ Age _____
 2) _____ 4) _____

I GIVE MY CONSENT FOR EMERGENCY OR DENTAL TREATMENT; INCLUDING TRANSPORTATION TO THE NEAREST EMERGENCY AID FACILITY, IF THE PERSONS LISTED ABOVE CANNOT BE REACHED.

Signature of Parent/Guardian _____ Date _____



DESERT MIRAGE HIGH SCHOOL ATHLETICS – TARJETA DE EMERGENCIA
 SI HAY CAMBIOS EN LA INFORMACIÓN, NOTIFICARE A LA ESCUELA INMEDIATAMENTE

FOR OFFICE USE ONLY:
 Lunch: A B C
 ID# _____ Bus I.D. _____

Nombre _____ M ___ F ___ Grado ___ Salón ___ Maestro _____
Apellido Nombre

Idioma _____ Fecha de Nacimiento: ___/___/___ Lugar de Nacimiento: _____

Domicilio del Hogar: _____ Teléfono de Casa: _____
Numero de Casa / Calle Ciudad Estado Zona Postal

Domicilio Postal: _____ Ciudad: _____ Zona Postal: _____

Padre/Tutor: _____ Oficio: _____ Teléfono de Empleo: _____
 Madre/Tutor: _____ Oficio: _____ Teléfono de Empleo: _____

EN UNA EMERGENCIA O SITUACIÓN EN QUE MI HIJO/A NO PUEDA PERMANECER EN LA ESCUELA Y NO PUEDAN LOCALIZARME, AUTORIZO QUE LLAMEN A, Y SI ES NECESARIO DEJEN SALIR A MI HIJO/A CON :

1^{er} Contacto de Emergencia _____ Parentesco _____ Domicilio _____ Ciudad _____ Estado _____ Zona Postal _____ Teléfono _____

2^{do} Contacto de Emergencia _____ Parentesco _____ Domicilio _____ Ciudad _____ Estado _____ Zona Postal _____ Teléfono _____

Contacto fuera del área _____ Parentesco _____ Domicilio _____ Ciudad _____ Estado _____ Zona Postal _____ Teléfono _____

Está el estudiante bajo medicamento?: Sí No Medicamento: _____ Alergico a Medicinas: Sí No Si sí, que tipo: _____
 Problemas de Salud con: Diabetes Asma Convulsión Cardíaco Alergias Otro _____ Seguro de Salud _____

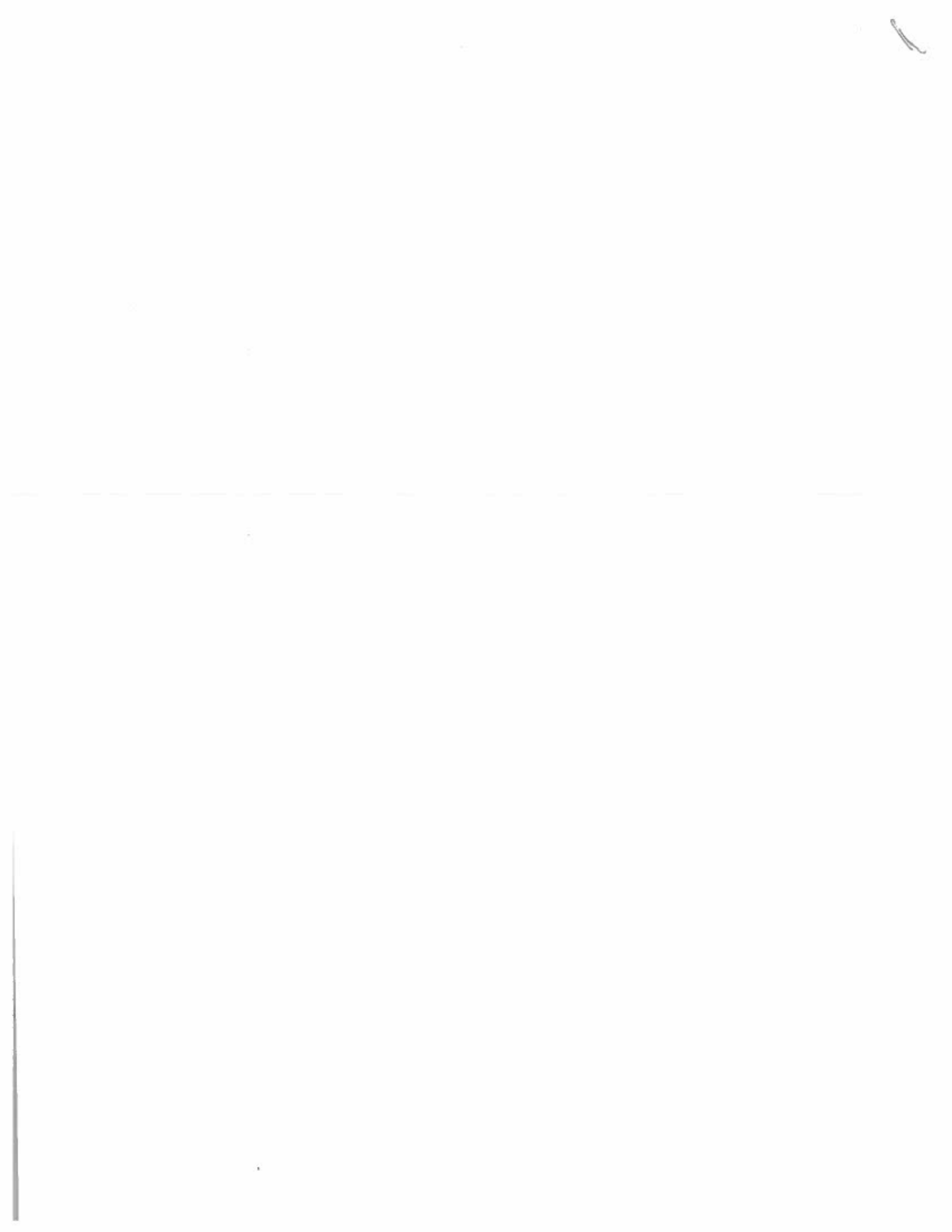
Médico: _____ Domicilio _____ Teléfono: _____

Autorizo que se divulgue la información médica al personal escolar como sea necesario para la salud y bienestar de mi hijo/a

Hermanos: _____
 1) _____ Escuela _____ Grado _____ Edad _____ 3) _____ Nombre _____ Escuela _____ Grado _____ Edad _____
 2) _____ 4) _____

JOY MI CONSENTIMIENTO PARA TRATAMIENTO MEDICO O DENTAL DE EMERGENCIA, INCLUYENDO TRANSPORTE A LA INSTALACIÓN DE EMERGENCIA MAS CERCANA, SI LAS PERSONAS MENCIONADAS ARRIBA NO SE PUEDEN LOCALIZAR.

Firma del Padre/Tutor _____ Fecha _____





Only if you are transferring



ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SS HOME.

1) Student Name _____ M F Date of Birth _____ Grade _____ Area Code/Home Phone _____
Name of Parent(s)/Guardian(s)/Caregiver(s) _____

2) Current Address _____
House Number and Street Name _____ City/State/Zip _____

PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN _____ SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO _____
Date entire family unit occupied current address: _____

NOTE: ONLY FILL OUT ITEM 3 IF YOUR ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.

3) Former Address _____
House Number and Street Name _____ City/State/Zip _____

PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN _____ SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO _____
Date entire family unit vacated previous address: _____

NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

4) Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School _____ Date MM/DD/YY _____ Date MM/DD/YY _____
Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School _____ Date MM/DD/YY _____ Date MM/DD/YY _____
Transfer From: _____ Enrolled from: _____ to _____
Name of Former High School _____ Date MM/DD/YY _____ Date MM/DD/YY _____

5) Within the last calendar year, what sport/s did the student play (during the official high school season) at your former school/s? List sports played at EVERY level (novice, frosh-soph, JV, and/or varsity)
FALL SEASON: _____
WINTER SEASON: _____
SPRING SEASON: _____

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

CERTIFICATION OF APPLICATION: I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrolment and/or extra curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". I also certify that the student has not participated during the previous 24 months on any non-school athletic team* (i.e., AAU, American Legion, club team, etc.) that is associated with or coached by anyone associated with the new school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team)

6) IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.
PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

OR

7) I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).
PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____


Southern Section
 Academics • Integrity • Athletics

THIS IS A WORKSHEET FOR DATA COLLECTION ONLY. ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS SHOULD OBTAIN SIGNED INFORMATION FOR THEIR RECORDS.

1) Name _____ M F _____
Date of Birth Title Area Code Home Phone

2) Current Address _____
House Number and Street Name City State Zip

PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO

NOTE: ONLY FILL OUT ITEM 3 IF YOUR FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.

3) Former Address _____
House Number and Street Name City State Zip

PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO

NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

4) Transfer From _____	Enrolled from _____	to _____
<small>Name of Former High School</small>	<small>Date MM/DD/YY</small>	<small>Date MM/DD/YY</small>
Transfer From _____	Enrolled from _____	to _____
<small>Name of Former High School</small>	<small>Date MM/DD/YY</small>	<small>Date MM/DD/YY</small>
Transfer From _____	Enrolled from _____	to _____
<small>Name of Former High School</small>	<small>Date MM/DD/YY</small>	<small>Date MM/DD/YY</small>
Transfer From _____	Enrolled from _____	to _____
<small>Name of Former High School</small>	<small>Date MM/DD/YY</small>	<small>Date MM/DD/YY</small>

5) Within the last calendar year, what sports did the student play during the official high school season at your former school's? List sports played at EVERY level (provide: football, JV, and/or varsity).

FALL SEASON: _____
 WINTER SEASON: _____
 SPRING SEASON: _____

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

CERTIFICATION OF APPLICATION: I authorize any former schools and the current school to release all records requests made by the CIF and to discuss enrollment and other administrative information with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that in subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student may be imposed.

By signing this affidavit, I certify that no person(s) connected with the athletic department of the new school (School B) or a part of the booster club of School B, including any one acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, staff, administrators, legal and/or caregiver, or anyone acting on behalf of this student, prior to the completion of the athletic eligibility at School B. I also certify that the student has not participated during the previous 24 months on any interscholastic athletic team (AAU, American Legion, club teams, etc.) that is associated with or coached by anyone associated with the athletic department of School B. (Signed by the athletic director of a new school athletic team)

6) IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS DO NOT SIGN ITEM 6 SKIP TO ITEM 7 BELOW AND SIGN THERE

<small>PARENT SIGNATURE</small>	<small>DATE</small>	<small>STUDENT SIGNATURE</small>	<small>DATE</small>

OR

7) I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE THEREFORE AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC (ATTACH A WRITTEN EXPLANATION TO THIS FORM)

<small>PARENT SIGNATURE</small>	<small>DATE</small>	<small>STUDENT SIGNATURE</small>	<small>DATE</small>