

Newbury Park High School Athletic Clearance Process

The clearance process **MUST** be completed **BEFORE** your child will be able to tryout, practice, or play. Coaches will not allow athletes to participate in tryouts or practices until cleared. Any student who wishes to participate in any sport must follow these steps:

- A. **Get a physical from any doctor.** You must use the CVUSD official form.
 - Blank forms may be obtained on the athletics website or the Athletics Office.
 - Parents must fill out their sections of the physical form completely and sign it.
 - The physical must be **SIGNED** and **DATED** by a medical practitioner.
 - Physicals are valid for 12 months from the date of the exam.
- B. **New athletes -- Create an online account on athleticclearance.com**, following the steps below.
- C. **Current NPHS athletes adding another sport -- Update your online account on athleticclearance.com**, following the steps below.

****IMPORTANT**—Students must create an online clearance for **EACH SPORT** they wish to participate in during the school year. Clearance for one sport does not mean the student is cleared for every sport.

NEW ATHLETES:

1. Go to athleticclearance.com and click on the California icon.
2. Click on the "Register" button. Fill out the registration information & submit. You will then be taken to your home page. One account can be used to create clearances for multiple students, sports, and school years so be sure to remember your login information. If you need further assistance, view the tutorial video in the top right corner of the home page titled "Need Help?"
3. Complete the Student Information, Medical History, Parent/Guardian Information, and Signatures sections. Click "Save" or "Submit" at the end of each section to save your work and move to the next section. If you must edit a section that is already completed, click on the "Pencil" icon.
4. Upload the completed and signed physical form to the "Documents Library."
 - Scan (or take photo) both pages of the physical form into one file; name the file; save to your computer.
 - Scan (or take photo) front of medical insurance card; name the file; save to your computer.
 - In your AthleticClearance.com account, click on "Documents Library" and click "choose file." Upload file.
 - Repeat for medical insurance card.

You must migrate the file from the documents library to upload it to your child's profile.

- In your AthleticClearance.com account, click on the "Pencil" icon (see graphic below).
- Next to "Upload Physical form," click "choose from document library" and select file containing physical.
- Click "Submit to Attach Clearances." Repeat for "Proof of Insurance" (medical insurance card).

CLICK SAVE!

Year	Sport	Student	School	Student Info	Physicals	Medical History	Parent/Guardian Info	Signatures	Confirmation ?	Shop	Status ?	Delete
2017-18				Completed	Completed	Completed PRINT	Completed	Completed	View	View	Uncleared	X

Despite a confirmation message that you have completed the registration, the athlete is NOT cleared. When forms are reviewed by the Activities Department **at the start of the season**, a clearance confirmation is issued to clear your student athlete for the season or an email is sent stating the problem.

CURRENT NPHS ATHLETES ADDING ANOTHER SPORT:

- Access your account at AthleticClearance.com using the same log-in email and password.
- Click "Start clearances here" and select **2019/20** school year; Newbury Park HS; Sport. Click "Submit."
- Click the name of your student from the drop down menu.
- Review each section and complete any that do not autofill.
- If you previously uploaded the physical and insurance card correctly, it will attach to the new sport.
- If the physical has expired and you need a reminder about uploading a new one, see #4 above.

At this point, the athlete is NOT cleared. When forms are reviewed **at the start of the season**, a clearance confirmation is issued to clear your student athlete for the season or an email is sent stating the problem.

The Athletics & Activities Department cannot access documents in your Documents Library or upload forms for parents.



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
 1400 E. Janss Road
 Thousand Oaks, CA 91362

ATHLETIC CLEARANCE (Insurance Requirement/Parent Authorization/Physician Certification)

Student - Last Name	First Name	M.I.	Grade	Date of Birth	Gender
Street Address:		City:		State:	Zip:
Parent(s) or Guardian(s) Name:				Home Phone:	
Street Address (if different than student):		City:		State:	Zip:
Emergency Phone:		Father's Work Phone:		Mother's Work Phone:	
Father's e-mail address:			Mother's e-mail address:		
Family Physician's Name, Address, Telephone:					
School Attended Last Fall:		School Attended Last Spring:		Student Number:	

*****PLEASE PUT A CHECK MARK NEXT TO THE ACTIVITIES/SPORTS THIS AUTHORIZATION COVERS**

- Baseball Basketball Cheerleading Cross Country Dance Football
 Golf Lacrosse Marching Band Soccer Softball Swimming
 Tennis Track Volleyball Water Polo Wrestling

INSURANCE REQUIREMENT:

The Conejo Valley Unified School District, in accord with Education Code 32221, requires protection for medical and hospital expenses resulting from bodily injury for each member of an athletic team. The cost is to be paid by each participant. Minimum coverage requirement options as contained in the Education Code are shown below:

- (a) A group or individual plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and not less than 80% payable for each occurrence. (Note: retired military covers only 75 %.)
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1500.
- (c) At least \$1500 for all such medical and hospital expenses.

Student insurance designed to assist compliance with the Education Code requirements is available; forms are in the school office. If you have applied for student insurance, please indicate so below. If the student has other health or accident insurance which meets the minimum requirements above, please list the company name and policy number below.

Insurance Company Name and Address:	
Insured's Name:	Policy and/or Group Number:

PLEASE NOTE: MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

I hereby grant permission for the above named student to play in the activity/interscholastic sports programs of _____ High School, and to go with a representative of the school on any related trips, and release school officials from any liability connected therewith. In case this student is injured, school officials are AUTHORIZED to grant permission for emergency treatment in my absence under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis. Further, I agree to accept financial responsibility for such treatment rendered in my absence.

I hereby certify that the above-named student is covered by insurance that meets the minimum requirement of California law as outlined above. I agree to notify the school if any of the above coverage should change.

Yes No I hereby grant permission for my son/daughter's telephone number and address to be released to the official Boosters Club for any activity/sport in which he/she participates.

(Date)

(Signature)

PHYSICIAN'S CLEARANCE

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

Physician's Name (Stamp or Print)

Physician's Signature and Date of Physical ←

Physician's Address (Stamp or Print)

Physician's Telephone Number

must have date of exam

NOTE: History and Consent Must be Completed Prior to Physical Examination

Please return all copies of this form to the Athletic Department

STUDENT NAME: _____ (Last) _____ (First) _____ (M.I.)

GENDER: () Male () Female BIRTHDATE: _____

HEALTH HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN

This section is to be carefully completed by the student and his/her parent(s) or legal guardians(s) before participation in activities/interscholastic sports in order to help detect possible risks.

MARK ONLY THOSE WHICH APPLY! Include date for conditions that are not current. Explain "Yes" answers below.

Allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	False Teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mononucleosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Glasses/Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sinus problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy/Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Menstrual Cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whooping Cough (Pertussis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migraine Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain "Yes" here: _____

List all surgeries, fractures, sprains, or dislocations below:

Nature of problem	Year	Nature of problem	Year

Reasons and dates for any prolonged absence(s) from school: _____

Substance(s) to which student is allergic: _____

Dates of most recent: Tetanus Booster _____ Chest x-ray _____ Smallpox vaccination _____

Whooping Cough (Pertussis) vaccination _____

PHYSICAL EXAMINATION SUMMARY – TO BE COMPLETED BY PHYSICIAN

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Note any abnormalities:

Eyes (sclera, corneas): _____

Ears (canals, TMs): _____

Nose (septum, mucosa): _____

Throat (tonsils, teeth): _____

Cardiovascular (pulses, murmurs): _____

Respiratory: _____

Abdomen (organs, masses): _____

Genitalia (testes, hernia): _____

Musculoskeletal: _____

Neurological: _____

Strength and Coordination: _____