

CAPISTRANO UNIFIED SCHOOL DISTRICT

SPORTS: (Please check all that apply)

Physical Clearance Form

- o Cross Country o Girls Tennis o Surfing o Girls Water Polo o Softball o Boys Tennis o Lacrosse
o Football o Girls Volleyball o Basketball o Wrestling o Boys Golf o Track
o Girls Golf o Boys Water Polo o Soccer o Baseball o Swimming o Boys Volleyball

Name \_\_\_\_\_ Grade in 2024-45 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_

\*\*\*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\*

Date

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM

Table with columns: Any past or present, Yes, No, Yes, No. Rows include: Problems with vision (Eyeglasses, Contacts), Problems with hearing (Hearing aid), Blacking out or fainting, Unconsciousness, Convulsions, seizures, Heart problems, Rheumatic fever, Bleeding disorders, Blood sugar problems (Hypoglycemia, Diabetes), 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 a family 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?

PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner) HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PULSE: RESTING \_\_\_\_\_ AFTER ACTIVITY \_\_\_\_\_ B.P. \_\_\_\_\_

Table with 3 columns: EYES, THROAT, ABDOMEN, ORTHOPEDIC; EARS, LYMPH GLANDS, HERNIA, SKIN; TEETH, THYROID, POSTURE, OTHER; BRACES, HEART, MUSCLE TONE; NOSE, LUNGS, 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\*\*

Signature \_\_\_\_\_ Phone \_\_\_\_\_

This physical plus an online homecampus clearance constitutes physical clearance



# ALISO NIGUEL HIGH SCHOOL ATHLETIC CLEARANCE CHECKLIST



1. Visit [www.homecampus.com](http://www.homecampus.com) and in the upper right corner select "For Parents & Students"

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 **2024-25**, and all the sports your athlete plans to participate in.

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

a. **COMPLETE** all required fields.

b. Make sure all emails and phone numbers are valid.

7. **Step #3: Medical History.**

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 way you filled in your athletes name under the student Information.

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

[lemott@capousd.org](mailto: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.*

**\*\*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](mailto:lemott@capousd.org)

**YOU WILL NOT BE CLEARED TO PARTICIPATE IN SPORTS UNTIL ALL OF THESE DOCUMENTS HAVE BEEN PROVIDED**

**-Transfer Students-** Each CIF section requires special forms when a student is transferring from one school to another. Make sure you are adhering to all of the eligibility and transfer rules.